CHILD STUDY

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HEADLINES

The rules and practices of child health are matters of common knowledge to parents today, but less common is the use of "common sense" in applying these rules. It takes more than rules and routines to keep children healthy —mentally and physically.

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Dr. William Palmer Lucas, who writes the editorial, is Professor of Pediatrics at the University of California. Mrs. Mary Shattuck Fisher is Professor of Child Study at Vassar College. Dr. Margaret E. Fries is a psychiatrist and also consultant pediatrician at the New York Infirmary for Women and Children and assistant at Bellevue Medical College. Mrs. Jean Schick Grossman is Associate in Parent Education for the Summer Play Schools of the Child Study Association. Mrs. Elizabeth Healy Ross is in charge of student relations at the Bank Street Cooperative School in New York City. Dr. Hermann Vollmer is a New York pediatrician associated with the Vanderbilt Clinic and Mt. Sinai Hospital.

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A Jubilee Number of CHILD STUDY, combining the November and December issues, will celebrate the fiftieth anniversary of the Child Study Association. It will have special illustrated features and articles by men and women who have made distinguished contributions to this half-century of CHILD STUDY.

HEALTHY ATTITUDES TOWARD HEALTH

ATTITUDES possess us—good attitudes and bad attitudes with equal vigor. Sometimes they get all mixed up together so that we hardly know one from the other. Especially is this true concerning our attitudes toward health and the whole of life. Our ever-increasing knowledge of the problems of growth and development are gradually leading us out of the confusions in which we have become so blindly involved.

FOR EXAMPLE, so many of us have an idea that every child should come up to a certain average, and yet when we stop to think of it we realize that averages are made up of a vast number of measurements of height and weight scrambled together to form a mythical standard. The small-boned child rarely comes up to the average. It would be quite detrimental to him to try to make him meet it. The heavy-boned child is always above the average and it would be a serious mistake to try to have him conform to an average. Fortunately, we are not so strongly concerned about the child who is overweight. And as for the child that is underweight, in many cases it is a misnomer to consider such a child undernourished.

"CHILDREN," we proclaim, "should eat everything set before them." And yet we as adults have very definite likes and dislikes. Why shouldn't children be allowed some leeway in their choices regarding food both as to kind and quantity?

THE WAY that habits are created by home attitudes is especially notable in the development of feeding problems. To illustrate: in homes where there is too much attention the child is likely to cry easily, to suck his thumb, to ask unnecessary help, to waste time, to dawdle, not to want to play by himself. Where the mother is irresponsible and gives too little attention, the child often develops such habits as refusing to share, attacking others, seeking attention, bossing others and refusing to comply. On the other hand, in homes where there is a sharing of work and play experiences, most of these habits occur less frequently.

SOME parents who are overanxious about the health of their very young children, become not watchful enough as the children grow older. Physicians are concerned over parental indifference to periodic examinations for their school children. There is seldom any mixed attitude during the first or even the second year as to the value of these examinations for the child's health development. But why stop there? The child doesn't stop growing. Even though he may *seem* perfectly healthy to the parent, he can be developing defects that could be and should be corrected before he reaches the school door four years later. Statistics show us in a shocking fashion that there are as many correctable defects today as there were two decades ago when school inspections first became routine matters. Can such defects be forgiven with all our child development knowledge available? Our attitudes toward our children's health need spotlight inspection today.

W. Palmer Lucas

Health Management in the Home

By MARY SHATTUCK FISHER

ALL parents naturally want their children to be happy, healthy, and intelligent. These hopes of parenthood are usually expressed in about that order, but with little awareness of how closely and intimately happiness, health, and intelligent behavior are related. Obviously high intelligence can be developed in a physically handicapped body —if the capacity for superior intelligence happens to be present and is not seriously interfered with by organic difficulties or their emotional consequences—but such a case is the exception. We all realize, too, that happiness is possible under such circumstances, since some men and women achieve serenity and contentment in spite of almost unthinkable health handicaps. Ususally, however, that intangible good we call happiness is found when mind and body have grown and functioned naturally and harmoniously together. It is the possibility of such an achievement which encourages us as parents interested in our children's welfare.

Most of us have already learned from our own experience, or observations, that "happiness" sought as an end in itself is not to be had. Fortunately, we are also beginning to learn that health, as well as happiness, will escape us if it is singled out for undue emphasis and becomes a major concern. The word *fortunately* is used advisedly, for it is a strange and sobering fact that we have in our country today so many economically privileged children who are well developed, well nourished, meticulously cared for, but who are, nevertheless, neither healthy nor happy. Somehow they are lacking in essential vitality and stamina and are strangers to any real joyousness in living. In other words, they are unhealthy and unhappy children in spite of the great concern of their parents, the advantages of economic security, and the benefits of modern pediatrics. Such children are variously described as "spoiled," "overprotected," or "infantile," depending upon who is calling the names and what word happens to be in vogue.

Another group of our privileged children seems to have the same concern of their parents, the same benefits of modern medicine, and yet turns out to be neither well developed nor well nourished but resembles, instead, the neglected third of our nation's children. In contrast to the first healthy-appearing group, these children are called "nervous," "anxious," or "unstable," and tax the insight and skill of specialists to discover a possible physical basis for the difficulty. In spite of obvious differences in the physical appearance of these two groups of unhappy and unhealthy children, their basic problems frequently turn out to be much the same and seem to have been caused by the same kinds of early experiences. Something happened in early childhood to dam up, shut off, or interfere with the zest for life and the satisfaction in experience which are the normal heritage of healthy childhood. Just why some unhappy children are, externally at least, good physical specimens and others are not is a very complicated matter. It involves such questions as basic differences in constitutional types and individual differences in glandular balance, and need not concern us here.

There are, however, other aspects of the important balance between health and happiness which are more easily controlled and well within the reach of all intelligent parents. Obviously no parent can change a child's ancestry or decide from which side of the family he is to inherit his body build, but any parent who really wants to can change his own attitude and help create greater happiness where, perhaps, little happiness existed. In many families it is the parent's attitude toward health itself which proves to be the greatest barrier to the child's normal and satisfying development. The differences between a healthy and constructive attitude toward health and an unhealthy and destructive one are necessarily subtle and intangible, but they are none the less powerful and dramatic in their effects on the happiness and well-being of children. Each one of us, for example, is almost certain to be cherishing some particular bit of health misinformation which is sacred and not to be easily questioned, and which may or may not be causing difficulty for a household. Modern knowledge of hygiene, nutrition, habit training, and other phases of child care has developed so fast, changes so rapidly as new facts become known, that it is al-

most inevitable that we have been at times overwhelmed and unduly burdened with a sense of the dangers which threaten our children and with our own great responsibility. Modern advertising has not been reluctant to exploit this uncertainty and has skilfully created fear and anxiety in order to increase sales. Happily the sturdy basis of humor and common sense which lies hidden in most of us is being developed in sheer self-defense. As the promises and warnings become confusing and out of all reason, as we become overwhelmed with the fantastic dangers of ordinary toilet tissues, or not having our daily clothes "hospital clean," we are being forced to trust our own experiences and are less inclined to attempt to apply literally all that we hear and read.

Already, to give a very important example of changing attitudes, fewer of us are disturbing ourselves and our infants with the strange urge to begin toilet training at two months or ten days. Nor do we feel that our success as mothers is indicated by having the baby stop wetting at the earliest possible moment any more than it is by producing the heaviest baby in the county, or the one who walks earlier than any other prodigy on record. For our children's peace it is well that we are also learning that there are such things as normal individual differences even in the timing and number of bowel movements, and that there is more to health and happiness than frequent and regular elimination, advertising to the contrary notwithstanding. Happily also, we are beginning to discover that a healthy infant who is left in peace will begin to control his own elimination some time during the second year. We are likewise beginning to appreciate the fact that reasonable regularity in taking him to the toilet about that time, along with mild approval of his occasional successes and friendly ignoring of his many failures is all the "training" he really needs. In other words, the more we understand about emotional development, the more we appreciate the importance of sturdy emotional development to good health. Meanwhile, it has happened that, with all the good intentions in the world, many of our children have been quite thoroughly and consistently deprived of certain satisfying emotional experiences which are as necessary to sound growth as good food and reasonable cleanliness.

It is not just a tragic coincidence that we find the great majority of unhappy and unhealthy children today were also the infants who were overtrained in early habits of so-called cleanliness. The mother or nurse who was preoccupied with the importance, or convenience, of early toilet training was frequently the mother or nurse who was also unrealistically afraid of "germs." She was likely to feel safe only when the child was freshly scrubbed, surrounded with aseptic toys, and sitting quietly in a carriage or pen. The same concern for cleanliness also kept the growing infant away from other children—who were bound to have running noses—and from "dirty" animals, and kept him off the floor or the earth which invited exploration and produced strange things to put in the mouth. Meticulous attention to the details of diet was part of the same picture. The question of food became a serious matter of vitamins, measured amounts, and a daily battle instead of a comforting source of satisfaction and sensation to a hungry child. The same relentless process of sterilization and control also involved, still in the name of health and hygiene, keeping the child's thumb out of his mouth at all costs and letting him "cry it out."

ALL of this earnest care was hard enough on both mother and child before certain books and articles began to appear which informed the already disturbed parents that thumb sucking, crying, food refusals, wetting and so forth were signs of emotionally disturbed and untrained children. Then the real battle of this century of the child began. What in most cases was the normal behavior of normal infants and children was misinterpreted as a sign of inadequate development or training. The familiar vicious circle began to revolve in earnest. Increased tension on the part of anxious and conscientious mothers and nurses quite naturally increased the tension which disturbed the child. The annoying behavior became worse, and even more heroic measures of discipline and repression were applied. The children in question inevitably and readily learned to use thumb sucking, bed wetting, food refusal, crying—or whatever was the behavior in disfavor—as a way to control the mother and to keep her attention at an interesting pitch. Or else, which was even more unhappy for all concerned, they shared her anxiety and came to feel unsure of themselves as well as of their parents' approval and affection. By the time an imposing array of specialists had been called in, and nurses and maids had been frequently changed, a healthy attitude toward health and the interesting business of living was almost out of the question at least for some time to come, for both parents and children.

It is possible to grant that most of the unhappy and unhealthy children among the privileged classes

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Some Psychological Factors in the Physical Health of Children

By MARGARET E. FRIES, M.D.

ARE psychological factors always involved in the physical health of children? Yes, since to every human being—adult or child—any life experience has emotional significance. Each person has his own attitude toward eating, going to school, social contacts or any other situation in which he finds himself. Thus, health and illness being integral parts of life, are bound to have psychological implications.

There is a wide variety of possible attitudes toward illness, ranging from the so-called normal to the neurotic. It is to be expected, for instance, that a child having measles may be impatient about the prolonged confinement or disappointed because he has to forego a long-anticipated party. These are normal reactions. His classmate, however, who also has the measles may respond more neurotically by experiencing the disease as a catastrophe and a personal affront, just as he responded to previous illnesses. He probably will complain, "Something bad always has to happen to *me*."

A person's response to any situation is influenced by the experiences of his entire life and his attitude toward them. Similarly, the significance of illness to a child depends on his life experiences. These include his general adjustment and the actual frequency and severity of his previous physical disorders, the behavior which his parents usually display toward illness in general, and toward this child's illness in particular.

What are some of the many factors which determine parents' attitudes toward their children's physical condition? Some of the most important among these are: the parents' own general adjustment to life, their feelings about illness in general, and their relationship to the child in question. In this short article it is impossible to discuss the subject of "general adjustment," but let us consider it to mean a satisfactory integrated development with a subsequent ability to meet life's daily situations.

The way parents act about their children's physical condition is often at variance with their scientific knowledge of health principles. This is comprehensible when it is realized that attitudes are rarely governed by mental insight, but result rather from the assimilation of emotional experiences throughout life. Thus, the parents' fundamental feelings about illness originate in their own childhood, depending greatly on how they emotionally experienced illness and health at that time. This is somewhat modified, of course, by their subsequent contact with disease and their intellectual understanding of it. Nevertheless, they retain these early concepts although they may be totally unaware that they have done so. In an effort to explain their feelings about sickness, they may advance logical and scientific reasons so that it is often difficult for them to recognize the true situation.

Some mothers and fathers, when they were children, may have experienced illness as a reality with no neurotic implications, whereas others may have experienced it in neurotic ways. The latter are too numerous to cite, but several of the more common ones will be mentioned in the case illustrations below. While it does not necessarily follow that a child will have the same feelings about illness as his parents do, he will be definitely influenced by them.

Before considering specific implications in illness, it is essential to realize that people *normally* endow things with symbolic meanings. A red traffic light, for instance, means "Stop!," but a pedestrian who has previously been hit by an automobile attributes to the light greater significance than does his companion. He is more cautious—perhaps excessively so if he is a "nervous type." The red light is a reality to both pedestrians, but each responds differently.

When a child is sick, the parent's attitude does not depend solely on his general adjustment, his emotional experiences during childhood and his intellectual understanding of the disease. Of great importance also is his relationship to that particular child. It is common for a parent to respond differently to the illnesses of his different children, although there may be no plausible reason, such as an organic condition which makes the risk more pronounced for one child than another. For instance: if a mother retains from her own childhood the concept of illness

as a punishment, but has a good relationship to one child, she will try to spare him. If, however, she consciously or unconsciously is not as fond of another of her children (*i.e.,* rejects him), then she may unwittingly speak or act in such a way as to increase for him the unpleasantness of illness although she is apparently trying to decrease it.

There are many possible motivations behind parents' overt behavior when their children are sick. Some mothers and fathers, for instance, overindulge a sick child with attention and presents, but their reasons for doing so may vary. First, the parents may expend a normal, conscious effort to compensate the child for missing pleasures. Second, the neurotic parents may desire to make their child dependent upon them as he had been in infancy. Third, they may unconsciously try to alleviate their feelings of guilt if they reject the child. Finally, they may attempt to bribe him if their relationship to the child is so weak that they cannot persuade him to carry out medical measures. Overindulgence and other forms of parental behavior toward an ill child can rarely be attributed to a single motivation.

The following cases illustrate how the manner in which a child experiences illness is affected by the interrelationship of many factors, especially the parents' adjustment to life, their feelings about illness and their attitude toward the child.

Illness As a Punishment

Many children regard illness as a punishment for something they have done to, or felt about, their parents, such as disobedience or anger. Whether this punitive significance of illness is within the "normal" range or excessive depends primarily on the type of parent-child relationship. For example: Mrs. Smith, who experienced illness as a punishment in her own childhood, has nevertheless a good general adjustment to life and to her eight-year-old son. She tries to spare him all of her own childhood unhappiness concerning illness. Although Jack occasionally disobeys, his mother never says, "It serves you right for getting a cold; you didn't do as I told you"—a phrase she had always heard in her own childhood. Jack, when he has a cold, sometimes feels it is his own fault but he realistically adjusts to the disorder, cooperates in carrying out medical measures and tries to regain good health as quickly as possible. After he is well, his mother expresses no condemnation or anxiety about the possibilities of a future cold.

Mrs. Jones, on the other hand, behaves very differently when her daughter Betty, aged ten, contracts a cold. Mrs. Jones, like the mother in the preceding case, also experienced illness as a punishment when a child, but because she herself has a poor adjustment to life, to her own parents and to Betty, she is unable to spare her daughter a similar attitude. She had unconsciously rejected the child from birth and, because of her subsequent feelings of guilt, has always been oversolicitous about the child's health, overcautious and nagging her when well or sick. She unconsciously blames herself for not preventing Betty's minor ailments, each of which she takes as a catastrophe not only to herself but also to the child. She has always been excessively sorry for Betty when the latter is sick and has usually yielded to the child's pleas not to take medicine. The mother, although naturally wanting the child to get well, says she feels "it's bad enough to be sick without having to take medicine." Occasionally, however, she is irritated at Betty's slow recovery and tries to force medication. This coercion usually results in such a fight between them that Betty vomits the medicine. Her colds last unduly long because she and her mother are emotionally unable to carry out medical measures. Between colds, they both have great anxiety about the possibility of another attack. Mrs. Jones' unconscious rejection of her daughter has made her unable to carry out her sincere desire; namely, to spare Betty the unhappiness which she herself had experienced in her own childhood. Betty, therefore, feels sickness as a punishment, for as she unhappily told the doctor, "I know why I have a cold. Mother always says I catch one because I never do what she says. It's so hard to do all she wants. She gets me so mad—I wish she'd leave me alone."

The attitude of the first child is a far healthier one than that of the second. There are other more neurotic cases such as those in which a child deliberately invites illness to punish himself or some other person around him.

Illness As a Means of Attaining An End

In every illness there are certain advantages such as extra attention or gifts. While normal children naturally enjoy these, on the whole, they prefer the pleasures of being healthy. Many children soon associate sickness with an opportunity to receive long-wanted presents. Four-year-old Eddie, for example, told a department store Santa Claus, "I don't have to ask you for a red fire engine 'cause I'll get it when I get sick."

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The Road Back

By JEAN SCHICK GROSSMAN

TIME was when children's sicknesses were looked upon as natural manifestations of growth—measles were spoken of as "skin-shedding," something which all children experienced. Or, if the illness was serious and not of the ordinary run of children's diseases, it was considered a visitation due to the "evil eye" of a passerby or an envious neighbor. We can still see some residue of such attitudes today. For example, doctors have had to make clear the fact that there are really no such things as "growing pains," that these may be the symptoms of rheumatic fever, and not something to be treated as "natural manifestations of growth."

As present-day parents, however, we share with parents of earlier generations the deep hope that when our children are ill there will be a speedy return to vigorous good health. We seek the proper medical advice; we provide good physical care; we do not want any after-effects. But in recent years we have had our attention called to the psychological consequences of illness, as well as the physical. Ill-humor, excessive and prolonged dependence and demand for constant attention have no place in a wholesome return to soundness of mind and body. It is vital to the young patient that illness be managed not only in terms of medical supervision and physical care but also from the point of view of the development of attitudes and behavior.

During the period of illness we realize that, besides being physically cared for, it is essential for the child to feel deeply secure—sure that there is a "pulling together" toward the reestablishment of good health. He will sense this security in countless, intangible ways—through all the affection he has felt heretofore, and through the steady service and devotion offered during illness. He is sustained, too, by quiet attempts to spare him the added burdens of panic.

An excellent nurse is a natural "security-giving" kind of person. Besides having skill and knowledge at her command she is really concerned about her patient's comfort and progress. She is sympathetic but not overly sentimental; she has her orders and carries them out firmly; she is resourceful and adaptable; she differentiates between reasonable and unreasonable requests or demands from her patient. And she is likely to be more successful than members of the family in imparting calm and serenity to the sick room. Children's fear of medical folk is rapidly being replaced by confidence and friendly attachment, thanks to the countless physicians and nurses who show increasing awareness of a *mental* as well as a *physical* hygiene approach.

It goes without saying that the parents of a sick child bring to the scene a very different attitude, a sense of far keener, more permanent responsibility and a deeper concern, which is not only natural but right. The child cannot help but feel, to some extent at least, the greater anxiety of mother and father. Parents cannot assume an entirely impersonal, objective attitude such as is possible for the trained nurse. Nevertheless it is important for them to bear in mind that for the child's sake, and for their own, it is necessary to work toward the greatest possible calm and self-control. How painfully difficult this can be is obvious to any parent who has ever stood at the bedside of a very sick child. All else is forgotten, one gives one's self completely—prayerfully—to the task of winning back his precious good health. But when the actual danger is over and things begin to be brighter, it is possible to discipline one's self to stay away for short, and then longer, periods. One can give all the necessary attention unstintingly, and yet guard against an "I-never-left-his-side" attitude which does neither the patient nor the parent any good. The temptation to play the sacrificial parent is great in the presence of a loved child's illness; but such an attitude is likely to prove a costly luxury in the end.

Complete trust in those who are caring for one during illness is probably the best of all medicines. The young person who has learned from experience that the word of his parents may be counted upon starts with a definite advantage on the road back. Simple truths would seem to be best; as, "Yes, it will hurt when the doctor does so and so" and "I will be away for a few hours this afternoon but will be back with you at about such and such a time." It is hard for a young child to understand the whys and wherefores of discomfort and pain—the fact that actual suffering may at times be necessary to insure ultimate recovery. But if he has faith in his parents, the very fact that they countenance the "indignities" heaped

upon him will make these seem justifiable, and bridge the gap between comprehension and cooperation.

Children's behavior during illness and convalescence changes with varying temperaments. Some children are normally somewhat "broody" or fearful; some will miss the steady companionship of their friends more than others. We all know youngsters who lean too heavily upon their elders for support in every small and large childhood crisis. And there are those who have discovered, all too often, the beautiful effectiveness of tears and tantrums! When parents constantly expect the worst, the attitude carries over to the child. In a recent radio program in which the writer participated, hundreds of letters were received from all parts of the country—rural and urban alike—from youngsters whose parents refused to permit them to use bicycles and roller skates because of their fears. What an array of morbid fears and anxieties over dire possibilities came to light in this mail! There seemed to be a prevailing lack of faith in children's capacity to learn to face, and overcome, ordinary dangers or difficulties.

The home's attitude toward health should, of course, include a reasonable amount of wise caution and sensible living, but not a state of strained apprehensiveness. How have the lesser ills been treated—the daily bumps and cuts and bruises which accompany the whole growing-up process? And, when mishaps of a more serious nature have occurred, how has the child been helped to face them? A three-year-old at nursery school looked expectantly at his teacher every time he fell or got pushed a bit by his playmates. When he found that no move was made toward him, he proceeded to play happily, much to the surprise of his mother, who said, "At home there's a riot every time anyone or anything touches him."

A serious handicap to the sick child is a lack of acceptance of the parental authority. "I never could get her to stay in her crib" laments one mother (in her four-year-old's complacent presence). Another confides, "He refuses to stay with anyone but me when he doesn't feel just right." Heaven help such a child should it ever be necessary for him to remain in a hospital—for it will take him so much longer to learn what he inevitably must—that even under stress, one's mother cannot always be on hand and that there are others whom he must trust. We know that children need to be saved from their own immaturities and inadequacies. A far greater security accrues to the child who knows that his parents can be counted on to be firm and sure about those things which they know so much better than he.

Some parents report that their children come out of an illness spoiled and harder to manage. But it is unlikely that spoiling would result from just one particular situation. Excessive attention and an exaggerated amount of "doing for" and "concentrating upon" are no more to be desired during sickness than at any other time; and the child who is not generally accustomed to making unreasonable demands is less likely to refrain from expecting this even under the greater stress of illness. Nor will the necessary special services and acts of consideration evoked by his confinement to bed necessarily turn his head forevermore. He will, of course, need to be gradually weaned from the dependency of his illness as he becomes physically stronger. This is not always easy. A boy of nine, for example, ready to leave the hospital after a long siege, suggested to his parents that he would like to have the comfortable practice of being bathed in bed continued at home. And, he added upon further reflection, that he would also enjoy meal-trays in bed, periodic alcohol rubs and, in fact, "all the fixings" so ably provided by his hospital nurse.

We are aware, of course, that hugging one's dependence for too long a time may be symptomatic of other things. A jealous child, for example, one who, for some reason, feels unwanted or unappreciated in the home, may well wish to cling to the delights of being important and occupying the center of the domestic stage. Or a boy or girl who has had too little of the time and companionship of mother or father cannot but find the new parental anxiety and loving attention so deeply precious that getting well may loom as a real threat to a very happy state. Difficulties of this kind are of a more deep-seated nature and call for an attack upon causes whose origins antedate the actual illness.

The task for the parents of a sick child is to endeavor to win his cooperation, courage and cheerfulness in place of gloom and a refusal to help himself. As has been suggested, the things which have gone before in the child's life will matter greatly in this connection: what happens in the sickroom is not isolated from the whole pattern of the child's existence up to the time of illness. Just what a given child's program should be will depend on such factors as the kind and stage of the illness—what the child is actually permitted to do—his age, interests, the family resources, the child's susceptibility to fatigue and, generally, a recognition of all of the patient's individual needs. The things done should be neither too difficult nor too easy, with continuous thought of the

need for the establishing of a soothing atmosphere as against overstimulation and excitement. In our solicitude for the patient we must not forget the effect of the sick child's heroism and importance upon the other child or children in the home. "Why can't *I* have the measles?" exclaims the brother of the patient, articulating his yearning for a similar place in the sun. Some children who feel these longings just as deeply give few or no outward signs. The well children in the home may indeed need some extra love and attention in between the necessary and vital attention to the patient.

Ups and downs along this road of "courage and cooperation" are to be expected. A fifteen-year-old girl, confined to bed after an attack of grippe, found that she must miss her first real New Year's Eve party. She could hardly be expected to maintain a cheerful face on that fatal day. She wept copious and obviously necessary tears of self-pity and grimly answered her mother, "I know I'm supposed to be a good sport and make the best of it and all that. But I don't feel that way!" However, she emerged from this tragic state after a while and fell in nicely with the family's plans to substitute a quiet celebration with her in her own room at the stroke of twelve.

How can we keep ill or convalescent children cheerfully occupied and content? Different children will find different things appealing. The organization of the patient's time is the first problem, and certain children need help in planning, tentatively, of course, for their time-in-bed. Others may not care for a plan, preferring surprises. An eleven-and-a-half-year-old girl, convalescing from rheumatic fever, worked out with some adult help a really worthwhile program. Her family cooperated with her as well as they could, though both her parents were professionally engaged and her brother was off at school. Her mother and father managed to spend a good deal of time with her—as did a few devoted relatives of whom she was very fond. (She was, of course, under the care of a competent and friendly person.) It may be of interest to describe in some detail this child's program during the many months when she was obliged to spend most of her time in bed. Emily loved writing, and so it was natural that she should think of publishing a family newspaper which she called *The Bed Post*. She not only wrote many of the stories and articles herself but received contributions from each member of the family, including the maid, and from many relatives and friends, via correspondence. There were humorous columns, editorials, funnies, newsnotes, social events, stories, poems, cartoons, and everything else. Each Sunday morning the family (all members of the Editorial Board) met in the room of the young Editor-in-Chief and she presided. Plans were made for the week's issue. (This literary document is a permanent and precious possession of her family.) In addition, Emily worked out for herself a good list of books which she planned to read—and did; she listed radio programs she wanted to hear and was helped to make a varied and interesting selection; she planned regular hours for necessary school work, under the guidance of her teacher who came for two very pleasant visits, and who also consulted from time to time with her parents. She offered to do some of the family mending, thus performing an act of much needed service. She took care of various plants on her own window-sills and grew quite a number. She carried on a flourishing correspondence with all her friends. She sewed and crocheted useful articles which could be used as gifts; she did some drawing and clay work; she spent hours on her "Book of Movie Actresses" and, despite occasional self-consciousness, played with paper dolls, for which she designed pretty costumes. On week-end days she sometimes had friends for lunch in her room (on a bridge table beside her bed) and then she and the visitors spent the afternoon listening to radio programs or playing quiet games—or they just talked and giggled.

When Emily was sufficiently improved to be allowed to remain out of bed for longer periods each day, she conceived the idea of having an "Exhibition and Sale" in the family living room. This was arranged, she took full charge—decorated the room at slow intervals, laid out all the plants, articles of wearing apparel, gifts, sample copies of *The Bed Post*, nicely wrapped cookies and candy she had made, paper doll sets, etc. She also made price tags and an artistic doorway sign announcing that the money she hoped to realize was to be given to "a worthy cause"—this, too, being her own idea. She sent out handmade invitations to her own and some of the family friends, her mother contributed refreshments, and on one Saturday afternoon the great event actually took place. For the young patient, her family and friends, the party spelled a lovely finale to a time of illness and slow convalescence which, instead of being unbearable, as it had at first threatened to be, actually became an almost pleasant experience. The ex-patient, now much older, says that she remembers little of the restrictions and discomforts of that

(*Continued on page 22*)

Dependence and Independence

By ELIZABETH HEALY ROSS

• *This paper is the last of a series of articles (independent of the central topic of the issue) which* CHILD STUDY *is publishing through the kind cooperation of the Woman's Roosevelt Memorial Association. These articles are based on the material presented in a course of lectures given under the auspices of the Woman's Roosevelt Memorial Association entitled "The First Five Years of Life."*

HORATIO ALGER is dead. He deserves his long rest. With him is buried the ideal of support-yourself-at-ten-years, support-the-family-at-twelve. In his grave lies the last of the children moralists, too pure a little man to stand the rigors of reality.

Sometime after we buried dull Horatio we began to figure out what all this talk about independence in children amounted to. We asked how independence could be developed. It became, without inspection, one of the good things of life.

We read involved articles bragging that man has the longest period of infancy of any animal. The Greeks had not only one but several names for the kind of dependence we wanted our children to avoid. We saw on every hand those individuals, obviously not ourselves, who had been prevented from growing up: people who did not know their own minds, who could not use them if they could find them; people so enchanted by dreams of easy riches they could stand no hard work; people whose lives were frigid, lopsided because of personality threads twisted into hard knots in infancy. We were not going to have our children playing with silver cords through life!

We were going to have children who knew what they wanted, and were free to try to get it; children who could count on us in time of stress but who could for the most part care for themselves through the reserves of confidence, skills, realism we would help to implant. Yes, we would produce a crop free from bullies, sissies, martyrs. We knew, of course, that it is never too early to begin. How could a man get on in any profession if he failed the courtesy of "please" and "thank you" as a two-year-old? How could a woman be a good housekeeper if as a child she forgot to pick up her toys? So we began on the job, often artificial in small families, of delicately pushing children into doing as much for themselves, and for others, as was physically possible. They should be independent, or we would know why.

We heard of children conditioned by parents, themselves conditioned by Watson, who could feed, water, and tend themselves by the age of one. It was all a matter of training. We heard hideous tales of big babies actually four years old who still wet their beds. Finally in the middle twenties the whole problem was clear. Children were more or less independent, depending on the habits they had—habits supposedly embedded for life by adult patience and consistency. Self-helps of various sorts became such a vogue that lists of children's toys and clothes began to sound like self-service ads for cafeterias. At all odds children must be independent of adults as early as possible—or else. The or elses were too distressing to discuss.

CHILDREN themselves sobered our habit hopes. Maybe it was not usual, but it was not unusual enough to be queer, that well-started habits cracked up under strain. A superb brusher of teeth subjected his teeth to microbes and neglect on a camping trip, model manners learned in nursery privacy went revoltingly messy at the family dinner table. A bragged-about non-thumb-sucker could weather whooping cough only by sucks which were audible forty feet away. Finally, the filter of experience let through the idea that good habits, though essential, are fragile, and the product of more than repetition and clammy patience. Children could toss over hard-earned habits and slip back to an earlier state of behavior as though clean ears were not very important after all.

Just as the question was raised as to whether habits were either everything or nothing we got some valuable new slants on independence in children. Many studies described observations on actual behavior of children in real life as they changed from three-year-olds to four-year-olds. Additional light was presented in stimulating mental hygiene pellets, refined products of some of the modern psychological schools

of thought. An occasional pellet got caught in our tonsils. It all but choked us to concede that everyone bears a withering amount of ill-will as well as goodwill toward himself and toward others. Acute attacks of parental hiccups sometimes resulted from efforts to swallow the idea that children love, simply love, both dependence on and independence of the adults they know. And that they need both.

Soon we learned that whatever a child does means more than it seems to. The sudden loss of a neat habit of self-care or the cropping up of behavior supposedly passé in a child's life might tingle with meaning. We also discovered that the free expression of feelings was a bulwark against the tricky currents of emotions. So we made (or had we the habit?) a right about face, foreswore the clean Watsonian kiss on the forehead and substituted slightly more exuberant demonstrations of affection. We had learned that children need love—and we prepared to give it as though it were as available as tap water, as filling as gum drops. Seeing that some children could not take love straight, that others actually demanded an unbalanced emotional diet, we finally re-asked ourselves what children most need in order to grow best.

A sense of security was the answer! Give a child security—of which habit, regularity, and affection are partial components. Feed this elixir of emotional growth in graduated doses and all will be well. Brothers and sisters will no longer scrap, fears and nightmares will be outmoded, and little things like obedience and a desire to grow up will fall into line without a quiver. Perhaps a sense of security is the answer, perhaps it will soon be out of date. Whether it is an answer or not, it has some elements of an intriguing and complete panacea. The idea of a sense of security frightens a bit, because it assumes we must be security-infected ourselves if others are to catch security from us. It reassures, too, for the concept implies that we may be blessed for all our good work rather than cursed for single sins in relation to children. It requires a sort of self-respect as well as respect for the ways in which children themselves try to find secure underpinning. It gives us a slant on and a label for behavior that otherwise seems inexplicable. The nine-year-old boy who tucks a gun, two tin pistols and a hammer under his pillow, not because he believes there are ghosts, but because if there were he would be near his armory, can be regarded without a sneer. At least we need not worry that he may develop a bumpy pillow habit! The armament program will be abandoned if we are successful in tackling the source of his fears.

The idea of a sense of security is almost a relief because children as well as parents seem to be able to do something about it. Not that we can be sure what the doing really means at that. Children who cannot sleep without their favorite wool blanket are said to find security in the blanket. The trouble is that a sense of security, so-called, is in itself a cover-all. If we have an ask-yourself-another mind, we still want to know why *that* old blanket, why *those* children, not others? We talk of young children needing to go through the toileting, bathing, breakfasting song-and-dance without variation, that they may feel secure. Probably we have a point, dismally enforced at times. We extol intangibles, such as happy family life, as yeast that raises the level of security. And it may, assuming that we can cling to non-Hollywood ideas of happiness. We will also do well to ask how the kind of world that children slowly discover this world to be affects this internal security. Many a parental closed mind has been jerked open on this very point by the simple realism of children wondering why others can steal or lie if they cannot, why some people are hungry when food may be wasted in their own homes. Many of us wonder how soon to expose children to the outside world, as though we could control the exposure by a kodak-like device.

THE sense of security dream is neat—so neat that, unless wary, we may act as though it were a thing to be acquired and hoarded, like a silver porringer. The wish to have it for ourselves, to have secure children, is so potent that we sometimes forget that security expands and shrinks, is delicate and fluid. After all, it is only a belief based on the way people act. Unlike jelly on bread, it does not necessarily cover the whole field of any one person's behavior.

The security-at-any-price talk fits right into our efforts to help children toward increasing independence. We now bow to habit training, but no longer prostrate ourselves before the supposed super-magic of habits as character-formers. We still acknowledge that we can profit from a certain amount of prescriptive advice, but we cannot be fooled into believing that, if we follow orders to ignore certain hardly ignorable behavior, we have necessarily met the situation. We find it handy to know that most five-year-olds do this and that. Though we have learned much from age-level studies, we know that the in-general conclusions are no more than in-general, not intended to describe each separate child.

Our minds, and at times even our feelings, have made room for the idea that hate goes with love, that no

goes with yes, that staying-baby goes with growing-up.

So we have had to renovate our ideas of dependence and independence. We hold the same goals as before, but we no longer ask that children be little men at six, perfect ladies at four. We want them to be their age. We do not expect that a bank account for first-graders will make them thrifty for life. We expect children to lean and to stretch in order to grow. We know that whatever security they can absorb from being wanted—at birth or on an automobile ride—will help them to feel like somebody. We know that whatever we can do to encourage new skills—shoe-tying is scarcely an inherited knack—will give them an urge to do even more things. We run on the premise that feelings of others, adults and children, affect the fun and freedom—the sense of safety—of the very young. We are not so fearful as we were a few years ago to let children know that life is not all sun and seafoam. We can even let them in on an occasional difference in family opinion, on the fact that we are tired today. Our biggest step is our belated grant to infants and babies of an emotional life of their own.

IF we combine our present-day theses we find that security and independent growth are as the brace to the bit. We find that an arm's-length push into vastly premature responsibilities not only does not work but discourages. We discover that dependence is neither a mortal nor venial sin. We concern ourselves with children's general slant on new things, people, jobs, play materials, not as to whether each tiny act represents dependence or independence. We see as one of our jobs that of standing by to be stirrups at moments of failure, spurs at times of success. We know what it means to have people fully with us when they are with us. So, during our playtime with children we are not straightening toys with one hand, while making a grocer's list with the other. We have long since learned to provide furniture that fits a child's size, but we have not been quite so selective in providing chances for children to have work and play with the men of the family, or with adult friends. We know just enough to know that children who cannot take anything, from teasing to a suggestion, from help in fixing a toy to tenderness when hurt, are far from being as sure of themselves as their separateness might imply. We utilize the age-old power, praise and blame, more in terms of children's age and stage of living than as bribes for our love. At least we do this if we really relish the process and prospect of gradually being needed less.

We know how strenuous and uneven growth is and can permit children's rest between major spurts without turning the temporary plateaus of growth into chronic lowlands. Whatever we do, we are trying to be sure that our children feel that they are people, not inadvertent adjuncts. We aim for standards that are clear, yet not frozen into unalterable molds. We hope to be sure that children will try themselves out in effortful dealings with malleable things and people. And we trust that a gradual increase in opportunities to use their feelings, bodies, and brains will produce those skills that affirm a many-sided sense of selfhood through competence.

We no longer fuss about dependence and independence as compact detachable tid-bits. If we ever could respond to the "whole child" we would find that these are but words to describe some things we like or resent, to describe a hundred dozen impulses toward and away from a fairly self-sufficient life. We would find that illness, fatigue, shock drive children to demand care we thought they had outgrown. We would be convinced that growth is not that mythical point-to-point straight line, but is an endless series of backings and fillings. Above all, we would recognize that the way we feel and act determines whether a child's ability to carry water without spilling, or to do an errand, is really significant as evidence of independence or whether it is, on the contrary, public proof of the child's dependence on staying in our good graces. It is so easy to confuse deeds for facts.

Obviously, there are no clear cut right and wrong ways to provide security—for independent growth. But at least everything that happens, good and bad, does not fall back on the parents. For, having granted children a genuine internal life, we have also granted them their individual ways of dealing with everything that happens, their independence in setting their own speed. We have acknowledged that they all have varying, variable potentials in handling the lifelong emotional need for both Simmons bed dependence and the independence of the frontier life.

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Science Contributes

CONSTIPATION IN CHILDHOOD

By HERMANN VOLLMER, M.D.

IN ALMOST every family, constipation is one of the most frequent complaints. It is not only the frequency that is surprising but the significance attributed to it: constipation is spoken of as a serious disease. The child suffering from constipation wanders from one doctor to another. Various cathartics are tried out, and soon the child's constipation becomes the central interest in the family. In the eyes of the parents, intimidated by the common fear of serious results, obstinate cases assume catastrophic proportions. At least this is the impression produced by the mother as she sits on the edge of her chair and recites the details of Johnnie's "bowel trouble." Moreover, the tremendous sums annually spent on laxatives afford food for reflection.

The average case of constipation no longer presents problems that absorb the attention of the clinician or the scientific investigator. The clinicians have classified constipation in its several forms. The roentgenologists have demonstrated the actual functioning of the digestive system in these cases. The pharmacologists have investigated thoroughly the effect of different cathartics. The dieticians have stressed the importance of food. Hygienists have called special attention to the subject as a widespread malady. And last but not least the psychoanalysts have tried to prove its relation to anal-eroticism. Nevertheless, every second child is supposed to be suffering from constipation. In hospitals, however, comparatively few cases of true constipation are ever found that need any treatment. Thus we must be dealing either with a widespread disease of the whole community or with a mass psychosis. From a practical point of view, the subject is of great importance; and to achieve satisfactory results, common sense rather than scientific research is needed.

To begin with, parents quite often consult the doctor with the complaint that the child is suffering from constipation when actually the child's digestion will be found to be perfectly normal. The doctor's explanation that one stool a day is quite enough and that in some individuals a one-day interval does not indicate any unusual condition fails completely to satisfy many parents. Such parents are not reassured by intellectual enlightenment or by the doctor's statement that the child is not sick. What is needed is an understanding approach to their profound and archaic fear—the result of misleading education and propaganda. The idea that such unpleasant, disgusting material as fæces, if retained for too long a time, "poisons the system," is primitive but understandable. No doubt, the advertisement of drugs has taken advantage of this anxiety and stressed it. Thus has been established the erroneous belief that for children as well as adults a thorough "cleaning out," whether by natural or artificial means, is indispensable.

In spite of the intense desire to prevent constipation and partly because of the excessive efforts made in this direction, certain measures are taken early in the child's life which actually create the condition they are designed to prevent.

When life begins, nature supplies the best corrective of constipation: breast milk. Mother's milk contains a higher proportion of sugar than cow's milk, and is less rich in proteins. Thus, mother's milk promotes fermentation, and the infant will have several daily stools which are soft and mushy. When weaning occurs and cow's milk replaces the mother's milk the process of fermentation is altered and a tendency to constipation is established. In spite of these and many other facts favoring breast milk feeding, artificial feeding has replaced maternal nursing to a great extent, especially among the more economically favored groups of the population. The reasons for this unfortunate state of affairs are not relevant to our main thesis.

In artificial feeding the following two mistakes are the most frequent: either the quantities of cow's milk are too high or the addition of carbohydrates is insufficient. Both these mistakes, particularly their combination, for the reasons mentioned above, easily lead to constipation. To indiscriminately give every infant one quart of milk a day or more, does not conform with the best principles of infant feeding. Nevertheless, this is still a widely accepted feeding régime. Frequently this amount of milk is given from the age of six to twelve months without the addition of sugar. This produces constipation with almost the certainty of a demonstrated experiment.

Constipation thus brought about is ordinarily not treated by the addition of sugar to the food, but rather by cathartics.

In order to adjust the composition of cow's to that of human milk, dilution of cow's milk is necessary as well as the addition of carbohydrates. About ten per cent of the amount of cow's milk must be added in the form of carbohydrates. As the result of an impressive propaganda, dextrinized malt preparations are preferred not only by mothers but also by many physicians. These preparations are excellent. But they are less fermentable than cane sugar, and therefore indicated only in diarrhea, tendency to diarrhea and imminent diarrhea. In normal infants, a dextrinized preparation tends to lead to constipation, in constipated infants it aggravates the constipation. Transition to ordinary granulated sugar, increase of the proportion of sugar or the use of malt extract usually eliminates this constipation. Surprisingly enough, cathartics are customarily preferred to this simple and physiologic method of prevention and treatment of constipation.

Cathartics may relieve the acute disorder but they promote habitual constipation. Cathartics are divided into two groups: those that hamper absorption and those which promote peristalsis (muscular contraction) by irritating the intestinal tract. When these are used habitually the intestinal tract adjusts itself to the continuous irritation by impairing its automatic function. The result is what we call a habit formation. Continued use thus makes cathartics indispensable. Consequently, laxatives themselves are an essential cause of constipation.

THE problem of constipation would be insufficiently treated, without consideration of its psychological and emotional side. In my opinion, this aspect plays the most important rôle. Psychoanalysis has dealt with this topic in great detail, perhaps greater detail than might be desirable. But it would be to our own disadvantage if we ignored these observations and theories entirely. Such careful studies as those of Susan Isaacs, the English child-analyst and educator, cannot be brushed aside.* However, the relations between psyche and intestinal function have been known prior to psychoanalysis. Excitement is generally accompanied by increased peristalsis, depression by constipation, and anxiety by increased peristalsis or spasms, the clinical expression of which is spastic constipation.

When parents speak about constipation in their children, we frequently find that an atmosphere of fear or overconcern has been produced and maintained in the child's surroundings. An automatic function like the bowel movement is continuously brought into consciousness and charged with anxiety. This pernicious influence starts usually in early childhood with the training of the baby. The mother's desire for cleanliness and punctuality interferes with the child's natural automatic functioning. Impatience or exaggerated disgust on the mother's side leads easily to a reproachful and stern attitude which in turn produces anxiety in the child.

Bowel training is often begun too early, before the child is physically and emotionally ready and the almost inevitable failures create an atmosphere of tension for both mother and child. Even where these premature training procedures are apparently successful—and some infants do respond at an early age—the emotional strain involved for the child may have undesirable consequences. Unfortunately a great deal of the literature of child training still abounds in unwise advice on this subject, some authors even going so far as to suggest the regular use of suppositories, enemas and the like to insure the child's compliance. Such procedures are not only unnecessary, but may be actually harmful and certainly there is no justification for an irresponsible interference with the normal development of an important natural function. Susan Isaacs says very strikingly: "The keynote of the whole problem as of most problems in early childhood is to avoid forcing early compliance with our wishes through the motive of fear, and to wait patiently and confidently until the child's developing affection for us leads him to offer it freely." This readiness for cleanliness comes when the child is around a year old, although in some the time for training may be even later.

Fear causes uncertainty. Fearful uncertainty is opposed to the simple satisfaction of a natural impulse. Fear of constipation produces constipation. As intelligence grows, the child is often taught the supposedly "disastrous" effect of constipation. This instruction is given in order to induce regular movements in the child. However, the result is just the contrary: increased anxiety and constipation. We deal with a similar vicious circle in masturbation, enuresis and numerous neuroses in childhood. Because of general blindness to its psychogenic aspects, the constipation thus brought about is usually treated by cathartics. From the physiological point of view, these cathartics—as irritants of the intestine—are

* Susan Isaacs, *Social Development in Young Children*, Harcourt Brace & Co., 1933.

undesirable for the treatment of a spastic condition.

This spastic-neurotic form of constipation is—according to my experience—the most frequent form during the preschool and school age. Often it is continued to adult years. Its clinical manifestation is the hard, marble-like *Schafskot* or pencil-shaped bowel movements, and occasionally cramplike abdominal pain. It is usually accompanied by other spastic manifestations like headache or pseudo-anemia which are due to spasms of the capillary vessels. Specific drugs—atropine or eumydrine—may be helpful for the relief of the immediate symptoms. This symptomatic treatment, of course, has to be combined with the more essential causal therapy: the elimination of the child's fear and the reeducation of the parents. The latter point is the most difficult in practice since deep-seated anxieties are not easily overcome.

As a routine procedure in my own practice, for example, I apply atropine combined with a calming verbal suggestion. Thus the child becomes convinced that the constipation will entirely disappear by means of these drops. It is explained that laxatives are superfluous, and can be discontinued. Dietetic errors are eliminated. If it proves impossible to help the parents toward deeper insight into the psychic aspects of the situation, we have to rely on strict advice to leave the child alone, and to say nothing more about the matter. The great importance of the psychic environment has been proved by the fact that any change of the environment, even hospitalization, usually eliminates spastic constipation. Once symptomatic success has been achieved with atropine, we can dispense with further medication. By allaying the anxieties which have caused the constipation, we can save the child from subsequent neuroses.

If a sound psychological attitude toward the whole problem of bowel training could be more widely established, the incidence of constipation in children would be greatly reduced and much needless anxiety and distress avoided for parents and children alike.

Readers' Page

Each month we present some contributions of our readers who have been thinking about child training and learning through both study and experience. We, the editors, may disagree with what is said as frequently as we approve it. But, in either case, we feel that the writers have a point of view which may prove stimulating to our readers. Anyone with something to say which may interest parents or teachers is cordially invited to send a contribution. In addition, we would welcome your comments on whatever appears in the columns of this magazine.

DISCIPLINE AGAIN

By RUTH R. COLEGROVE

WHEN "experts" disagree, we parents are challenged to do a bit more thinking for ourselves than when we get one point of view presented which seems acceptable to us. I read the first article in the January issue of CHILD STUDY by Helen Burgess with great interest and sympathy. It seemed a sound answer to the many parents who are confused today. When I came to the article on "The Meaning and Management of Crying" by the Mowrers the suggestions for dealing with the crying of older children made me pause, because the point of view was so different.

From observation and discussion with parents I am inclined to agree with the Mowrers that "many parents may be doing quite as much damage to their children through confusion, uncertainty and lack of effective control on their part, which are likely to be created by some of the newer views in this field, as was formerly done by overseverity." I believe that the swing some years ago to "complete freedom" and "no frustration" have brought their toll of badly adjusted children.

I had a rather striking instance of this the other day in a talk with an elementary school principal in a public school where there is a wide range of economic and educational background among the parents. She said that for the past few years the children from the homes of a better educational background had been less amenable to the necessary rules and regulations for group living and less responsible for their own behavior than those coming from homes of little educational background.

It would seem that the answer might lie in the fact that the more educated parents had done just enough reading and going to lectures to have accepted, without any real understanding of the whole concept, the idea that the child should be allowed to express himself freely, and that too much parental control would interfere with the successful development of his individuality. Many parents who have tried out the "newer views" were brought up themselves under an entirely different régime. Not only has their understanding of the newer ideas of personality development been superficial, but they have been in conflict with cultural patterns, with the result that they have met many situations with their children with uncertainty and inconsistency. The insecure parent has produced the insecure child.

I question the Mowrers, however, on their specific suggestions for dealing with crying in older children. Are we sure the best procedure is a few sharp spanks? Isn't that the answer to "How can I make my child stop crying?" rather than "Why does my child cry?" Aren't we trying to understand and work on causes of behavior today, rather than on symptoms?

Isn't it quite possible that if the child has been left to his own disruptive tendencies rather than having the firm, understanding, friendly guidance which relieves his inner tensions and brings the sense of security necessary for desirable social growth, he will still cling to infantile methods of gaining his ends? Haven't the Mowrers suggested the real cause in "the confusion, uncertainty and lack of effective control" on the part of the parents?

If the mother says "Don't hit," and then hits the child is that effective control? Does it help the confused child to have the person who should stand for the "good" part of him act like the "bad" part? Should we meet aggression with aggression? It is true, of course, that the mother acts more like the "bad" in the child when she spanks in anger and hits him in an adult tantrum. But is cold-blooded hitting as a means of gaining our ends the kind of "good" behavior that we want to stand for? An "it hurts me more than it hurts you" attitude has no meaning for the child, because he feels that he is being "bad" when he hits, and can only believe that the parent feels that way too. Isn't what he needs positive help in being "good" through development of skills of his own and through faith and encouragement in his ability?

What is the answer to the confusion, uncertainty and lack of effective control of the parent? I believe that most parents today are open to the idea that a certain amount of steady parental control of routines about which no choice is desirable, that learning to accept the right kind of authority, makes for constructive growth. This is the background for stability and tranquillity in the confused world of the child.

WHAT kind of authority is it which we want the child to acknowledge? Helen Burgess says in her article: "It is the authority of a person who is just —whom the child can see is just, and whose greater wisdom he respects; of a person who is fair to him, honest with him, understanding of him, loving him. And the last should be first. It is also the authority of a person who feels secure in what he is doing." Perhaps we parents can feel more sure of ourselves if we make a careful analysis of just what we are requiring of our children. It might help to ask ourselves a few questions. Am I *certain* that all of these things are necessary? Am I insisting on some of them because they are really important or because some earlier experience of my own just makes them seem essential? Are there situations where it would be helpful to remove the pressure and leave him free to work things out for himself?

I don't believe that we would lose our tempers so easily if we could really "feel in our bones" that when dealing with a child we are dealing with someone who is still immature, who continually needs understanding help. For instance, calling the child to a meal may not be enough. He may need help in winding up a very absorbing occupation. This cooperation is really helping him to accept authority and to accept coming to a meal on time. It strengthens, not weakens our authority.

Having thought out our essential requirements, and having attained confidence that firm, but loving and understanding help in seeing that these requirements are carried out are for the best good of the child, I believe that we no longer need to feel confused and uncertain and that our control will be effective. If a parent can have achieved this it would seem that she may well have removed the real cause for crying.

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Parents' Questions

STUDY GROUP DEPARTMENT

Cécile Pilpel, Director—Anna W. M. Wolf, Editor

I am in despair because my five-year-old child will eat hardly any vegetables. He refuses spinach, carrots, and string beans and likes only peas because he enjoys chasing them around the plate. How can I get him to eat these foods which I know are so valuable?

Because of the mild flavor of most vegetables, they are often the least popular course on children's menus. Are you sure that the other items in your child's diet are not too strongly flavored with salt, etc., or the desserts too highly sweetened so that his vegetables seem even blander by comparison?

Your mention of spinach, carrots, string beans and peas suggests that, like many mothers, you may be limiting your child to a choice among these four staple vegetables, instead of taking advantage of more than a dozen less familiar, but equally valuable vegetables which are now obtainable in almost every part of our country. If your child dislikes spinach, for example, you can give him asparagus or artichokes, which contain just as much iron. Most children enjoy artichokes because they love to arrange the leaves in designs on their plates. You might ask your physician to draw up a chart of a wide variety of vegetables, such as Swiss chard, celery root, kale, kohl-rabi, indicating just how their food values may be substituted for the more familiar vegetables. Another variation would be to combine many vegetables into a salad, or a soup with tomato flavoring if that makes it more acceptable to your child.

It might be a good idea to relieve the vegetable tension by omitting vegetables entirely for a few days. Then, at the first course, when he is most hungry, try out some of the new vegetables in such tiny portions that they will surprise your child. Sometimes a combination of all these factors may change a child's attitude toward the vegetable kingdom.

We have found it best in our home to abide by certain rules about eating between meals, sweets, etc. My children, aged four and seven, know that candy and ice cream cones are rarely permitted and therefore the question never arises. But how can I get their grandmother to understand the importance of keeping rules? She is devoted to the children, loves to take them off shopping or to the zoo, and an ice cream soda or sweet popcorn is invariably on the program. In her home, too, they know where they can find chocolates in a certain drawer, and they help themselves freely. When I speak to their grandmother about it, she just changes the subject. Can I put the children on their honor when she is constantly tempting them?

No, you cannot. I believe that at their age and under these circumstances that would be an inhuman expectation. But are you sure you are right in making such rigid rules? Children of these ages, unless there is an unusual reason for excluding them, are not harmed by occasional sweets even between meals. While, of course, there should be some regulation, surely an outing with grandmother may be permitted to follow a somewhat different régime from that at home. Grandmothers at their best are traditionally a little more lenient, a little more easy-going, a little more open-handed perhaps than parents. "That's all very well," you may say. "They don't have to take the consequences." Right you are in your logic, but isn't it worthwhile accepting the occasional diminished appetite, or the infraction of a rule, for the sake of the children's relationship to the grandmother—their belief that a day with her means an extra happy time and that her home is a place where sweets in more senses than one are ready at hand? Usually children do *not* get upset stomachs from occasional sweets, nor do any other evil consequences follow. If you are really convinced that your children are an exception to this rule, try to get their grandmother to regulate the time and quantity of her treats, rather than to stop them altogether.

The doctors say children should have plenty of fresh air, but I usually cannot get my boy to go outdoors after he comes home from school. He finds every excuse not to go out, and I sometimes wonder if it is worth all the effort and nagging.

We do know that direct sunlight and air are important to all growing things, including

children. Since our children are necessarily indoors a large part of the day, at school, it seems important to have them outdoors at least for part of their after-school hours, from the point of view of exercise as well as of fresh air. This need not mean, however, that they must be outdoors every afternoon, or for the *whole* afternoon. This routine, like others, can be varied without any serious loss. There may be occasions when some special interest or occupation indoors, either at home or elsewhere, is too alluring to leave.

In any case the "going out" should not be merely a health routine. The child should have something to go out *to*. Has your boy playmates in the neighborhood and does he get on well with them? Is there a place where they can gather for games or other social fun? Has he an adequate equipment of the "makings" for such fun—a ball and bat, skates, marbles or whatever else is in vogue with the neighborhood boys at the moment? Also what does he do when he stays indoors? If he likes to read or even just to putter about, could you rearrange his schedule somewhat to make more time for these pursuits later in the day, even after his supper?

To children the benefits of fresh air seem remote while their immediate interests seem real and pressing. You will have to give your child a reason to *want* to go out, plus the reassurance that he will not miss out on his favorite indoor pursuits.

In my day, everybody seemed to hold about the same beliefs concerning care during the menstrual period. No baths, no physical exercise under penalty of future invalidism. My young daughter, however, insists that "business as usual" is the slogan of her own group, though she admits that one or two girls find this somewhat difficult. Is there any accepted authority that one can follow and that the younger generation will respect?

It would seem that an intelligent and educated young girl would accept the fact that people differ, not only in looks and intelligence, but also very markedly in physical make-up; that some of us are short-trunked, long-limbed people and vice versa; and that the function of our internal organs is also subject to variation. The fact that the duration of the period varies (according to careful investigation of one thousand cases) from one to six days, certainly proves there is a striking difference in the functioning of the menstrual period. She can learn, too, that sometimes there may be a disturbance in the menstrual functioning which, if recognized, may be corrected. We cannot today accept either the certainty of the attitude of the past, nor the cocksureness of some of our younger people of today. As in other matters, we must be guided in our advice by the requirements of the individual.

One of the best statements on the subject can be found in "The Adolescent Girl," by Winifred Richmond, Ph.D. I will here only quote some of her recommendations in regard to bathing and exercise: "Bathing as usual. Some girls continue their cold tub or shower, sea bathing or even swimming, with no noticeable effects; others are more comfortable after a sponge bath with warm water. As regards exercise, the strongly built girl finds that her period makes little difference; she can dance, do gymnasium work, play games or run a machine as well as at other times. But her sister, with long limbs and short body—with a general tendency to sagging of the abdominal organs, is apt to suffer if she is compelled to stand for any length of time or engage in vigorous exercise."

Care during menstruation is an individual matter. If we do not have to prove any theory, we can help our daughters to find the hygienic methods which are best suited to their particular physical and psychological make-up.

How can I get my child to wear rubbers in wet weather without everlasting argument and nagging? He is ten years old and he insists it's "sissy" to wear rubbers and that none of the other boys wear them.

Rubbers do seem to be a necessary evil and they will have to be "sold" to the child as such. But sometimes one can find ways to eliminate some of the need for them, or else to make them less difficult to accept. For example, shoes with crepe rubber soles may be enough protection for days when it is wet underfoot but not actually storming. Also, unless your child is unusually subject to colds, it may be better to risk some wet feet, especially on the homeward trip when shoes can be changed promptly, than to insist on his wearing rubbers because "it may rain." With fewer occasions for rubbers, perhaps there will be less difficulty about wearing them when necessary. Perhaps the provision of some more intriguing kind of storm footwear, such as boots or zipper-galoshes, may solve the difficulty. It is important, too, in buying rubbers or galoshes, to have them amply large so that they may be put on and off without effort.

Suggestions for Study: Healthy Attitudes Toward Health

TOPICAL OUTLINE

1. THE PLACE OF ROUTINE

   Management of the daily schedule. Relation of routine to the child's feeling of security. Disrupting forces—relatives and friends. The child who says "I won't"; traveling, holidays and special occasions. Developing a sense of values. The art of "making exceptions."

2. HEALTH HABITS

   Sleep, food, cleanliness, bowel evacuations, suitable clothing. At what ages can children be expected to take responsibility for self-direction in these matters? How much should children be told about germs and illness? The fussy parent; the fussy child. Achieving a balance.

3. THE NERVOUS CHILD

   Are nervous children born or made? The parents' part in developing healthy attitudes in children. Emotional factors in children's illnesses. Constipation, vomiting, headaches, etc., as an escape from difficult tasks. How should they be handled? Importance of competent medical supervision.

4. ILLNESS AND CONVALESCENCE

   Protecting the child from anxiety. "Spoiling" during illness—weaning the child from the dependence caused by illness. Things to do in bed, during confinement to the house. Relation of sick child to other members of the family. Reestablishing normal standards of behavior as the child gets well.

QUESTIONS FOR DISCUSSION

1. A young mother is concerned because her baby, now a year old, still wets and soils his diapers. Certain friends and relatives assure her that she has neglected his training, that she is encouraging bad habits, and that she should have begun his training long ago and been much stricter about it. What is your opinion? Why? Approximately at what age are bladder and bowel control likely to be achieved?

2. Mary, aged four, is already very fastidious. If there is a spot on her dress she insists on having it changed. She is disgusted at the sight of her baby brother's stools and hides her eyes. She insists on a meticulous following of the daily routine of washing, etc., and becomes quite disturbed if an exception is suggested. Her nurse is delighted that she is already such a "grown up little lady." What is your estimate of this behavior? What attitude should her parents take toward it?

3. Carl, aged thirteen, rushes out of the house every morning, sometimes with insufficient clothing in cold weather, always without rubbers in wet weather. His mother feels he is old enough to have learned the health lessons which she began to instil into him at an early age. What has gone wrong? Is Carl's mother justified in expecting more responsible behavior from him?

REFERENCE READING

THE NURSERY YEARS.....1937
by Susan Isaacs — *The Vanguard Press*

TWO TO SIX.....Revised Edition 1937
by Rose H. Alschuler and Associates — *Wm. Morrow & Company*

PARENTS' QUESTIONS.....1936
prepared by the Staff of the Child Study Association — *Harper & Bros.*

THE HEALTH OF THE RUNABOUT CHILD.....1923
by William Palmer Lucas — *The Macmillan Company*

OUR CHILDREN IN A CHANGING WORLD.....1937
by Erwin Wexberg and Henry E. Fritsch — *The Macmillan Company*

FEEDING BEHAVIOR OF INFANTS.....1937
by Arnold Gesell — *J. B. Lippincott Company*

THE NEED FOR A NATIONAL HEALTH PROGRAM.....1938
Report of the Technical Committee on Medical Care,
U. S. Department of Labor, Washington, D. C.

Child Study Association of America

announces the publication of two new pamphlets

PLAY: A YARDSTICK OF GROWTH

By Clara Lambert

An analysis of group play of young children which includes descriptions of equipment, trips and dramatization. Most of the material has been drawn from the rich experiences available to the author through the Summer Play Schools affiliated with the Child Study Association.

Twenty-Five Cents. 41 pages.

STORIES FOR PARENTS

By Jean Schick Grossman

Simplified presentation of everyday problems—illustrated. These are the first four of a projected series of leaflets for parents who can profit by simplified illustrated material. They can be used effectively by workers in social agencies, teachers in WPA nursery schools and kindergartens, and study groups.

The subjects of the first four leaflets now available are:

No. 1—A GAME OF JACKS—a discipline situation

No. 2—A PROMISE—on keeping one's word to children

No. 3—A HAPPY DAY FOR THE FAMILY—on encouraging children's success

No. 4—DAD COMES HOME—a typical "hard times" situation in the home

Five Cents each. *Order from*

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CHILD STUDY ASSOCIATION ACTIVITIES—1938-39

STUDY GROUPS, COURSES, SEMINARS

FAMILY GUIDANCE AND CONSULTATION SERVICE

PARENTS everywhere are increasingly eager to know where they may turn for help in gaining a deeper understanding of themselves and their families. The Consultation Service is based on a recognition of this need of the present-day family for skilled counseling in the many matters, large and small, with which it is confronted. Directed by Ruth Brickner, M.D., psychiatrist, and Mrs. Anna W. M. Wolf, psychiatric social worker, the service offers to every member of the Association an opportunity for personal interviews and discussion on all problems pertaining to marriage, child development and family relationships. The number of consultations in each case depends upon the need. Active members are entitled to one interview without charge; further fees and fees for non-members are arranged individually. Consultations by appointment.

SIX MONTHS TO TWO YEARS

MRS. MARGARET GILBERT BENZ

First Semester—8 Mondays, beginning October 24, 2:30—4:00 P.M.

Mental and physical growth of children during this period. Individual differences. Planning a practical routine. Food difficulties, sleep, the bath, naps, sleeping arrangements, out-of-doors.

Toys and play material. Growth through play. Independent play. Playing with others.

Habits—What are they? When and how to train for good habits. Weaning. Thumb-sucking. Use of the cup. Cultivating the appetite. Bladder and bowel control.

The child and the family group; relations to father, mother, nurse, grandparents and others. Choosing a nurse. Relation of mother to nurse.

Emotional needs of young children. Love and its expression. Special attachments. The need for security. Common fears and their management. The meaning and management of crying. Sex development.

Second Semester—8 Mondays, beginning January 16, 2:30—4:00 P.M.

Discipline: how much discipline does a little child need? Achieving a balance between freedom and authority. Some laws of learning. Rewards and punishments: are they effective?

Temperamental variations; the shy child; the sensitive child; the aggressive child; the nervous child.

Learning to play with children. Play materials. Practice and instruction in things to make and do.

Effect on child of the parents' own adjustments to life. Growth of father-child relationship. Working mothers. How many children shall we have? How far apart?

INTRODUCTION TO PARENTHOOD

Problems of the Prenatal Period and the First Six Months

Eight Fridays, beginning October 21, 11 A.M.—12:30 P.M.

MRS. SIDONIE M. GRUENBERG
MRS. ANNA W. M. WOLF

The purpose of this course is to clarify some of the practical and emotional problems of the months just before and after the birth of the baby as they affect father, mother and infant. It is planned especially for young, or expectant mothers, but is open to others.

Five lecture-discussions.

On being pregnant: common experiences, emotional states and anxieties of this period. The mother's attitude toward childbearing. The husband's attitude toward fatherhood.

Arranging a practical routine for the baby's early months—out-of-doors; naps and sleeping; nurses and other helpers.

Feeding problems; thumb-sucking and other "bad habits." Training for bladder and bowel control—when to begin.

Mental growth—suitable toys and activities.

Emotional development—love and its expression, play, sociability, fears and tensions. Visitors for the baby; grandparents and others.

How the coming of the baby affects the parents' relation to each other.

There will be three observation trips to the Maternity Center, Cornell Medical Center, and the Birth Control Clinic.

EARLY CHILDHOOD
(Two Groups)

Each of these courses will cover the material listed below but they will be held separately because of the interests peculiar to each age group.

The Child from 2 to 4 Years

MRS. ANNA W. M. WOLF

First Semester, 8 meetings beginning Friday, Oct. 21, 2:30—4 P.M.
Second Semester, 8 meetings beginning Friday, Jan. 20, 2:30—4 P.M.

The Child from 4 to 6 Years

MRS. IRMA W. HEWLETT

First Semester, 8 meetings beginning Monday, Oct. 24, 2:30—4 P.M.
Second Semester, 8 meetings beginning Monday, Jan. 16, 2:30—4 P.M.

First Semester

Management of routines and establishment of habits. Eating, sleeping, out-of-doors, independence, good manners. How much time should a mother spend with her children?

Discipline: rewards and punishments. The place of obedience. What is it fair to expect of children at various ages?

Social needs of young children. Learning to play together. Fair play. Relationships between children in the same family; quarreling, jealousy.

Toys, books, and play material. Physical skills. Opportunities for children with special talents. Celebrations of birthdays, Christmas and other festivals.

Second Semester

Emotional needs of children in the early years. Special contributions of father, of mother, of grandparents. The child's relationship to nurses and employed help.

Shall we send our children to nursery school? Nursery schools—observations and discussion.

Sex interests of little children. Answering questions. Foundations of sound sexual development.

Personal problems of parents as adults; their effects on the character development of the children.

Learning to play with children. Play materials. Practice and instruction in things to make and do.

CHILD STUDY ASSOCIATION ACTIVITIES – 1938-39

STUDY GROUPS, COURSES, SEMINARS

THE SCHOOL YEARS
(Two Groups)

Each of these courses will cover the material listed below but they will be held separately because of the interests peculiar to each age group.

The Child from 6 to 10 Years
MRS. ANNA W. M. WOLF

First Semester
8 meetings beginning Monday, Oct. 24, 11 A.M.—12:30 P.M.
Second Semester
8 meetings beginning Monday, Jan. 16, 11 A.M.—12:30 P.M.

The Child from 10 to 14 Years
MRS. CECILE PILPEL

First Semester
8 meetings beginning Wednesday, Oct. 19, 11 A.M.—12:30 P.M.
Second Semester
8 meetings beginning Wednesday, Jan. 18, 11 A.M.—12:30 P.M.

First Semester

Special characteristics of this period in boys, girls.

Habits—How are they acquired? Management of routines. Punctuality, cleanliness, eating, sleeping, good manners, etc. Finding a balance between freedom and authority. Rewards and punishments. How much responsibility should we expect of our children? At what ages?

Family relationships: mother and child; father and child; quarreling and teasing among brothers and sisters. What can parents do?

School. School problems: home work. Management of special abilities and disabilities. Choosing a school; parent-teacher relationships.

Second Semester

Social life. The child who is shy; the child who is bossy. "Desirable" and "undesirable" companions. Parties. Relations between boys and girls.

Books, radio, movies, the "funnies"—their place in the child's life. Parental management of those interests.

Children and money—allowances; earning, spending, borrowing and saving. Money and discipline.

Sex: characteristic sex interests of these ages. Sex episodes, their meaning and management. Sex education in the home.

Supplementing the school curriculum. Music, art, dancing, crafts. The gifted child; the average child. Things to do and things to make in leisure hours. Materials and instruction.

Religion: Do we owe our children religious training? Can we leave them free to choose?

ADOLESCENCE

This course is designed to meet the interests of fathers and mothers in the special needs of their adolescent children
Eight Evening Meetings, beginning Monday, Jan. 9, at 8:30 o'clock

January 9

1. The Adolescent—Boy and Girl. Typical problems and their meaning. Fritz Redl, Psychological Adviser, Cranbrook School.

January 16

2. Emotional Problems of the Adolescent. Conscious and unconscious conflicts of this period. Z. Rita Parker, M.D., Psychiatrist.

January 23

3. Education of the Adolescent. Harvey Zorbaugh, Director, Clinic for the Social Adjustment of the Gifted, New York University.

January 30

4. Coeducation. Assets and liabilities; problems presented. John R. P. French, Headmaster, Cambridge School.

February 6

5. Money and the Adolescent. Allowances: earning, spending, borrowing, saving. Sidonie Matsner Gruenberg, Director, Child Study Association.

February 20

6. Sex in Adolescence. Problems of contemporary life; changes in customs and standards. Mary Shattuck Fisher, Professor of Child Study, Vassar College.

March 6

7. Vocational Tests. Can they help young people with the problem of "What to Do?" Robert Hoppock, Assistant Director, National Occupational Conference.

March 13

8. Choosing a College. Survey of the colleges of today; what do they offer to various types of children? W. Carson Ryan, President, Progressive Education Association.

GROWING UP IN NEW YORK CITY
Eight Wednesdays, beginning October 19, 2:30—4 P.M.
MRS. CLARA LAMBERT

Are we aware of the neighborhoods in which we live? Do we know their resources—educational, social, recreational, and industrial? Do we make the most of them? Schools are trying to help children to find meanings in what they see about them in their neighborhoods. Parents can share in this learning if they, in turn, know how the larger community—New York City—operates, and how their own neighborhood fits into the whole.

Trips to various places in New York City will be the basis of this course. Such different places as a typical market, the Children's Court, the Children's Clinic, and Macy's Bureau of Standards are possible destinations. The final decision, however, will be made by the group itself after its main interests have been found. The effect of New York living upon people who have children and upon the children themselves will be studied on these trips and during the discussion meetings.

STUDENT-LEADERS TRAINING
A Practical Interneship Conducted by the Staff Under the Direction of Mrs. Sidonie M. Gruenberg

An opportunity for qualified students to become more intimately acquainted with parent education philosophies and methods. Each student's work will be individually planned and will draw upon the full resources of the Association—Study Groups, Consultation Service, Library, Committees, etc. Conferences, guided reading, opportunities to evaluate and discuss a variety of projects will be planned at regular intervals, under the direction of staff members. Registration by personal interview.

Special Studies

The Child Study Association announces the participation in its study program of Dr. May Reynolds Sherwin, formerly Professor of Child Study at Vassar College, and of Dr. Ernest G. Osborne, Assistant Professor of Education, Teachers College, Columbia University. Dr. Sherwin will arrange for all groups to make some observations and special studies of nursery groups, schools, children's music and other activities.

Seminar Groups

Under the leadership of Dr. Ernest G. Osborne, seminars will be formed to make studies of specific problems. Some possibilities for this work are: Ways and means for helping the handicapped child to adjust to normal life; typical personality problems of the older as compared to the younger child. Other suggestions will be considered at the first meeting. Membership in these groups will be limited to those who through previous study group work, or its equivalent, are ready to engage in more intensive study. It is planned to issue a report of these studies.

FEES

Active Membership*
Individual $10.00
Husband and Wife 15.00

Study Groups (open to members only)
First Semester ..... No fee for one course
Second Semester $5.00
Additional Groups, each in either semester 5.00

Lectures and Symposia (open to the public)

Members	Non-Members
Women Face a New World $5.00	$10.00
Adolescence ..... No fee (8 evening lectures) (If this is only course taken)	Individual ..... 6.00 Husband and wife 10.00

* Including subscription to CHILD STUDY magazine.

FOR FURTHER INFORMATION regarding the Association's activities, write or telephone the Study Group Secretary.

DAY AT HEADQUARTERS

Tuesday, October 18

Study Group Demonstrations

An opportunity for members and others interested in family life to become acquainted with the Association's activities and with members of the Board and Staff.

10:30—11:30 A.M.
THE SCHOOL YEARS
(10 to 14 years)
Mrs. Cécile Pilpel

11:30 A.M.—12:30 P.M.
THE SCHOOL YEARS
(6 to 10 years)
Mrs. Anna W. M. Wolf

11:30 A.M.—12:30 P.M.
EARLY CHILDHOOD
(4 to 6 years)
Mrs. Irma W. Hewlett

2:30—3:30 P.M.
SIX MONTHS TO TWO YEARS
Mrs. Margaret Gilbert Benz

2:30—3:30 P.M.
EARLY CHILDHOOD
(2 to 4 years)
Mrs. Anna W. M. Wolf

4 P.M.
Informal Reception and Tea to meet the officers and staff of the Association
Speaker:
Mrs. Sidonie M. Gruenberg

THE ROAD BACK

(*Continued from page 9*)

period, but recalls mainly all the good times she had. Her parents (who recall the anxious days and weeks more clearly) feel that she gained enormously in cooperation, resourcefulness and in a gradual weaning away from thoughts of her bad luck to consideration of what she could do to make this time less painful to herself and her family.

Not that this shut-in period had been one of everlasting delight. There were many sad hours, and heavy-hearted days and nights for both parents and patient and, for Emily, some inevitable regressions to self-pity, despair, and rebellion. But her general attitude became increasingly sound and cheerful, making possible the final achievements here recorded.

Some illnesses are, of course, far harder to endure, particularly when temporary or permanent handicaps or crippling disabilities seem inevitable. Here parents face a sadder, greater challenge, for they have the task of trying to teach themselves to accept the potentially tragic situations which they and the child involved may have to face. Whether or not hopeless tragedy results from the curtailment of the young person's activities and the effect upon his attitudes toward life, rests largely, though not entirely, on the shoulders of the mother and father. To those parents who have been able to give their children courage and confidence in such crises, all of us who have deeply loved our children must bow in homage. But for those parents who know that their children's illnesses will fortunately result in complete recovery, there remains the need to recognize and develop the opportunities for learning and growth inherent in every childhood experience, including even the experience of illness.

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACTS OF CONGRESS OF AUGUST 24, 1912, AND MARCH 3, 1933

of CHILD STUDY, published 8 times yearly—October through May—at New York, N. Y., for October 1, 1938.

State of New York } ss.
County of New York }

Before me, a Notary Public, in and for the State and county aforesaid, personally appeared Pauline Rush Fadiman, who, having been duly sworn according to law, deposes and says that she is the Managing Editor of the CHILD STUDY magazine, and that the following is, to the best of her knowledge and belief, a true statement of the ownership, management (and if a daily paper, the circulation), etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, as amended by the Act of March 3, 1933, embodied in section 537, Postal Laws and Regulations, printed on the reverse of this form, to wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are:

Publisher—Child Study Association of America, 221 West 57th Street, New York, N. Y.

Editor—Child Study Editorial Board, 221 West 57th Street.

Managing Editor—Pauline Rush Fadiman.

Business Manager—Child Study Editorial Board, 221 West 57th Street.

2. That the owner is: (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding one per cent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a firm, company, or other unincorporated concern, its name and address, as well as those of each individual member, must be given.) Child Study Association of America, a philanthropic educational corporation, without stockholders, 221 West 57th Street, New York, N. Y., Mrs. Everett Dean Martin, President.

3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: (If there are none, so state.)

None.

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated by him.

5. That the average number of copies of each issue of this publication sold or distributed, through the mails or otherwise, to paid subscribers during the twelve months preceding the date shown above is..... (This information is required from daily publications only.)

PAULINE RUSH FADIMAN,
Managing Editor.

Sworn to and subscribed before me this 4th day of October, 1938.

WALTER L. BISHOP, Notary Public, Queens County.

(Seal)

Queens Co. Clk's No. 135, Reg. No. 4102.
N. Y. Co. Clk's No. 33, Reg. No. 9-B-60.
Commission Expires March 30, 1939.

News and Notes

Summer Play Schools

August 26 brought to a close the 22nd season of the Summer Play Schools affiliated with the Child Study Association of America, a summer educational enterprise for approximately 3,000 children living in the city's most congested areas. Mrs. Adele S. Mossler, Director of the Summer Play Schools, said that in many ways this has been the most successful season, pointing particularly to a new feature, a garden area called Edenwald, at 225th Street and the Boston Post Road, where children from the various play schools throughout the city have for the first time had the experience of getting acquainted with vegetables, fruits, flowers and plants in process of growth. "This experiment," Mrs. Mossler said, "has brought an entirely new experience into the lives of these city-born youngsters. They are still far from expert farmers or gardners, but they are eager to learn more. We hope to continue these gardens next year."

Mrs. Mossler mentioned among the other factors which made for a successful season the fact that "we have had a greater supply of play materials, contributed by the Board of Education and interested individuals, which has resulted in a substantial increase in spontaneous dramatic play. This summer parents have been much more interested than ever before. They are beginning to see the Play Schools, not as something handed to them and maintained by some outside source, but as something in which they themselves can take an active part. Trips to points of interest have taken the children to the French Liner Normandie, the Hayden Planetarium, the Brooklyn Navy Yard and other places that have quickened their interest in the world in which they are living. And it is gratifying to note the way in which the community's resources have been coordinated in this program. The Board of Education, the WPA, the various museums, the Park Department and the other institutions in which the Play Schools have been held have all cooperated to enrich the life of these children and to demonstrate how available services in a great metropolis can be utilized in a year-round program for the health and welfare of underprivileged youngsters."

Interest in the enrolled children does not come to an end with the end of summer. Each child has been carefully observed by the teachers in the schools, and reports on individual problems, aptitudes, interests and family situations will be forwarded to social agencies and the regular schools which the children attend during the winter.

National Conference on Family Relations

The National Conference on Family Relations met at the Hotel Pennsylvania, New York City, on Saturday, September 17. This new organization was created largely through the efforts of Paul Sayre, Professor of Law at the University of Iowa, who now becomes its President. The Vice-President is Huntington Cairns, a member of the Baltimore Bar; and the Secretary-Treasurer, Ernest W. Burgess, Professor of Sociology, University of Chicago. Sessions of the recent conference were devoted to discussing ways of preserving the family as the fundamental social unit.

Child Development Research

The third biennial meeting of the Society for Research in Child Development will be held at the University of Chicago, Friday, Saturday and Sunday, November 11, 12 and 13. In addition to round-table discussions, informal group meetings and visits to important local institutions, the program will include four symposia, under the combined chairmanship of Alfred H. Washburn, Ernest W. Burgess, Harold C. Stuart and Mandel Sherman. T. Wingate Todd will speak at the dinner meeting on November 12.

Special Courses for Women

A new program of non-credit courses for women, designed to help them in managing their personal, social, family, and professional relations, is offered by the New York University Division of General Education this fall.

Under the direction of Mrs. Anne H. Barnard, the special women's program will include thirteen courses dealing with the understanding and care of children, family and social relations, club leadership, self-adjustment, and related fields, most of which will be given week-day afternoons and evenings at the University's Washington Square Center of Adult Education in New York City.

Books for Parents and Teachers—1937-38

Selected by the Bibliography Committee of the Child Study Association for the 1937-38 Supplementary Book List.

Adolescence: A Study in the Teen Years.....495 pp.
by Lawrence Augustus Averill Houghton Mifflin. 1936

An outgrowth of the author's experience in teaching college students which makes use of case material to illustrate and clarify the problems involved in the normal development of the adolescent.

Adult Education: A Dynamic for Democracy....193 pp.
by Dorothy Hewitt and Kirtley F. Mather
D. Appleton-Century Co. 1937

A plea for adult education based on the premise that the effective functioning of democracy depends on the intelligent participation of all citizens. Suggests practical methods of making education available to all adults.

The American Woman: The Feminine Side of a Masculine Civilization .....438 pp.
by Ernest R. Groves Greenberg. 1937

A scholarly sociological evaluation of woman's place in our culture in the light of social and economic changes and the geographical influences affecting woman's functions.

Are American Teachers Free? An Analysis of Restraints Upon the Freedom of Teaching in American Schools 855 pp.
by Howard K. Beale Charles Scribners Sons. 1936

A careful and well documented inquiry made under the auspices of the American Historical Society into the history, past and current, of teacher freedom.

The Art of the Story Teller.....286 pp.
by Marie L. Shedlock
D. Appleton-Century Co., rev. ed. 1936

An invaluable guide to story telling, offering helpful suggestions as to both selection and technique. Includes an excellent sampling of stories for telling or reading aloud.

The Baby's First Two Years.....121 pp.
by Richard M. Smith, M.D.
Houghton Mifflin, rev. ed. 1937

Simple, clear directions for physical care and feeding. Up-to-date except in respect to habit training, where the advice is not in line with the most recent psychological thinking.

The Backward Child.....694 pp.
by Cyril Burt D. Appleton-Century Co. 1937

An important, scholarly addition to the literature on the backward child, discussing mental subnormality of children of school age from physiological, mental, and emotional points of view.

Beginnings of Earth and Sky: A Guide Book for Teachers and Parents.....67 pp.
by Sophia L. Fahs and Mildred T. Tenny
Beacon Press, Inc. 1938

A simple anthology of mythical stories from different peoples and races designed to give the preadolescent child an idea of his place in world cosmogony and religious experience. Helpful for teachers and parents who wish to break away from the steretotyped approach.

A Bibliography of Prose Fiction.....131 pp.
by Elbert Lenrow
Progressive Education Association. 1937

Section I—The Individual and His Intimate Environment. The first of three comprehensive lists of novels suitable for "Supplementary English Reading in Senior High School and College." Classified under topical headings and fully annotated, but with no age differentiation between high school and college reading.

Can Parents Educate One Another? A Study of Lay Leadership in New York State.....130 pp.
by Mary Shirley
National Council of Parent Education. 1938

An informal account of lay leadership in parent education; a good general picture of the work, possibly overlooking some of the difficulties.

Caring for the Run-about Child.....263 pp.
by Rhoda W. Bacmeister E. P. Dutton & Co. 1938

A nursery school teacher, herself a mother, discusses in a simple, chatty way the educational needs and everyday problems of the toddler. Helpful, on the management level, but occasionally dogmatic.

Child at Play.....187 pp.
by Marjorie Thorburn Allen & Unwin, Ltd. 1937

A mother with considerable psychological insight describes and interprets the development of her child's play interests from the earliest months to the age of five.

Child Guidance Procedures.....362 pp.
by The Staff of the Institute for Juvenile Research
D. Appleton-Century Co. 1937

An excellent account of the functioning of a child guidance institute, describing the types of problems dealt with, how the diagnostic study is made, and cases that illustrate the therapeutic procedures.

Collected Studies on the Dionne Quintuplets....298 pp.
by W. E. Blatz and collaborators
University of Toronto Press. 1937

Records detailed investigations of the physical, mental and social development of the quintuplets, with notes on their care and training.

Community Backgrounds of Education.....397 pp.
by Lloyd Allen Cook McGraw-Hill Book Co. 1938

Textbook in educational sociology picturing education as an ever-changing attempt to utilize the local environment and its resources in teaching, visualizing the school as a functional center of child welfare and community service.

Courage! .....176 pp.
by Mary Lindsey E. P. Dutton & Co. 1938

A mother writes an intimate story of the life of a physically handicapped child.

Creative Group Education.....247 pp.
by S. R. Slavson Association Press. 1937

Rich illustrative material and sound practical methods of group technique. Of special value to group leaders, social workers and teachers.

Educational Broadcasting—1936.....462 pp.
University of Chicago Press. 1937

The proceedings of the First National Conference on Educational Broadcasting, Washington, D. C.

Educational Freedom and Democracy.....292 pp.
Edited by Harold B. Alberty and Boyd H. Bode
D. Appleton-Century Co. 1938

The second yearbook of the John Dewey Society. A comprehensive discussion by nine outstanding educators.

Education for Marriage Series.....(3 pamphlets)
Women's Press, Y. W. C. A. 1936

I. First Steps in Program Building
by Janet Fowler Nelson and Margaret Hiller

Good discussion outlines and a fine foreword which will help leaders in the field to evaluate their own attitudes and prejudices.

II. Working Wives
by Janet Fowler Nelson

A clear and unbiased presentation of the problems involved socially and for the individual.

III. No Date Has Been Set for the Wedding
by Janet Fowler Nelson

The problems faced by young people who are ready to marry but economically unable to do so presented with real insight and freedom from moralistic attitudes.

An Evaluation of the Elementary School.....410 pp.
by J. R. McGaughy Bobbs Merrill. 1937

A description of the range of current practice in elementary education, considering conflicting methods in the light of clearly stated educational aims.

Experience and Education.....116 pp.
by John Dewey The Macmillan Company. 1938

A philosophical elaboration and lucid analysis of the concepts of "traditional" and "progressive" education, stressing the need for a carefully developed philosophy of experience.

Experimental Social Psychology.....1121 pp.
by Gardner Murphy, Lois Barclay Murphy, and Theodore M. Newcomb Harper Brothers. 1937

A careful and systematic interpretation of the latest available research findings regarding the relations of individual human beings to one another in our own culture.

Fair and Clear in the Home: A Symposium on Household Management
edited by Dorothy P. Wells and Carol Biba
The Woman's Press. Y. W. C. A. 1936

Discusses the problem of raising standards in household employment and of finding ways to a more satisfactory relationship between employer and employe.

Faith in An Age of Fact.....117 pp.
by Edward Reisner Vanguard Press. 1937

A suggestion that modern man, unable to accept the traditional modes of religion, has need of the values associated with religion and is finding these in various efforts to raise the standard of social living. An honest, earnest, and hopeful book.

The Family, Past and Present.....461 pp.
by Bernhard J. Stern for the Commission on Human Relations of the Progressive Education Association
D. Appleton-Century Co. 1938

A source book for the study of changing forms and contemporary trends in family life. Includes many contributions by authorities in the field and pertinent selections from original literary sources.

Feeding Behavior of Infants: A Pediatric Approach to the Mental Hygiene of Early Life.....201 pp.
by Arnold Gesell, M.D. and Francis L. Ilg
J. B. Lippincott. 1937

A scientific investigation of feeding behavior in infancy as related to growth and maturation, offering in Part III advice on the management of eating, elimination, and related problems.

First Experiences with Literature.....162 pp.
by Alice Dalgliesh Charles Scribner's Sons, rev. ed. 1937

This edition brings up to date the book lists in this useful discussion of the reading interests of preschool and primary age children.

40,000,000 Guinea Pig Children.....249 pp.
by Rachel Lynn Palmer and Isidore M. Alpher, M.D.
Vanguard Press. 1937

An exposé of the misinformation circulated in current food and patent medicine advertising. Provides brief summaries of up-to-date knowledge on nutrition and health. Useful, although somewhat alarmist in tone.

Freedom of Man.....153 pp.
by Arthur H. Compton Yale University Press. 1935

A justification of the belief in God from viewpoint of an outstanding man of science.

A General Introduction to Psycho-Analysis.....412 pp.
by Sigmund Freud, M.D.
Garden City Publishing Company, Inc. 1938

The authorized English translation of Freud's epoch-making lectures, now in an official American reprint.

Group Work in Camping.....100 pp.
by Louis H. Blumenthal Association Press. 1937

A discussion of the group aspects of camping, valuable in that it stresses the group and its influence on the individual. Essentially for camp directors, but also of interest to parents.

The Higher Learning in a Democracy.....34 pp.
by Harry D. Gideonse Farrar and Rinehart, Inc. 1937

A reply by a member of his faculty to President Hutchins' Critique of the American University, agreeing with many of the specific criticisms but taking issue with his proposed solutions.

How Fare American Youth.....185 pp.
by Homer P. Rainey and collaborators
D. Appleton-Century Co. 1937

A comprehensive yet brief analysis of problems of young people in the United States, surveying the situation in regard to education and employment and indicating the influence of social conditions, population changes, etc., on this age group. A report to the American Youth Commission by the American Council on Education.

Introduction to Literature for Children.....499 pp.
by Eleanor Rawlinson
W. W. Norton & Co., Inc., rev. ed. 1937

A compendium of selected readings from literature, topically arranged with excellent introductions to each section. For school use but valuable also for parents.

Man Against Himself.....471 pp.
by Karl A. Menninger Harcourt Brace. 1938

A detailed description from the psychoanalytic point of view, of the forces of self-destruction in man. All degrees of self-destructive behavior, from invalidism, impotence and frigidity to purposive accidents, alcoholism, and suicide, are interpreted in the light of the author's main theory.

Mental Health Through Education.....315 pp.
by W. Carson Ryan The Commonwealth Fund. 1938

An evaluation of the contribution of education to the mental health of children. Contains constructive suggestions for improving schools through a better integration of school experiences and other vital relationships in the family and community.

Neighborhood: My Story of Greenwich House....301 pp.
by Mary Kingsbury Simkhovitch
W. W. Norton & Co., Inc. 1938

A lively personal history of an important social settlement and its founder.

Mental Conflicts and Personality.....319 pp.
by Mandel Sherman, M.D.
Longmans, Green and Company. 1938

A careful, systematic evaluation of the more important theories regarding the rôle of mental conflicts in determining personality and behavior.

Plan for Marriage: An Intelligent Approach to Marriage and Parenthood.....304 pp.
Edited by Joseph Kirk Folsom
Harper and Brothers. 1938

An outstanding symposium by members of the staff of Vassar College, offering a frank and authoritative discussion of the problems of sex life and marriage.

Personality in Formation and Action.....197 pp.
by William Healy, M.D.
W. W. Norton & Company. 1938

A scholarly and temperate presentation of the formation of personality, showing how it emerges as the result of the interplay of inherited tendencies, physiological changes and emotional experiences.

Planning for College.....267 pp.
by Max McConn Frederick A. Stokes Company. 1937

Answers with clarity and common sense some of the many questions in the minds of prospective college students and their parents.

Prediction and Prevention of Reading Difficulties..191 pp.
by Margaret A. Stanger and Ellen K. Donohue
Oxford University Press 1937

Provides parents and teachers with a non-technical but very adequate approach to an understanding of reading problems. It presents one point of view which is receiving widespread acceptance.

Preface to Teaching.....98 pp.
by Henry W. Simon Oxford University Press 1938

A provocative, sound little volume designed for teachers but helpful to parents as well, that discusses the problems and challenges of modern teaching.

The Prevention and Correction of Reading Difficulties 402 pp.
by Emmett Albert Betts Row, Peterson Company 1936

A summary and interpretation of recent research findings concerned with the prevention and correction of reading difficulties, written with the purpose of clearing the air of the existing confusion on this subject. Of special value to teachers.

Progressive Education at the Crossroads.....128 pp.
by Boyd H. Bode Newson & Company. 1938

The purpose of this little book is to contribute to a better understanding of the philosophy in which the progressive movement finds its justification and by which it must be tested.

The Psychology of Early Growth.....290 pp.
by Arnold Gesell, M.D., and Helen Thompson
The Macmillan Company. 1938

The latest recorded procedures of the Yale Clinic in detail, explaining the use of testing equipment and giving elaborate tables and charts.

The Psychology of the Unadjusted School Child..339 pp.
by John J. B. Morgan
The Macmillan Company. rev. ed. 1937

A revised edition of an earlier book that has been influential in awakening the teaching profession to the importance of mental hygiene in the approach to the child. Of great value to parents as well.

Pupil-Teacher Learning: A Study.....134 pp.
directed by L. Thomas Hopkins
Delaware Citizens Association. 1938

An interesting account of a cooperative effort recently undertaken by the entire community of Delaware to vitalize the educational system and improve the educational opportunities of its children.

Rediscovering the Adolescent: A Study of Personality Development in Adolescent Boys.....287 pp.
by Hedley S. Dimock Association Press. 1937

A detailed study of the adolescent, his personality and behavior, illustrated by tables, charts, and graphs on his physical, mental and social status.

Secondary Education for Youth in Modern America 137 pp.
by Harl R. Douglass
American Council on Education. 1937

A report to the American Youth Commission of the American Council on Education. A concise statement of the major influences and conditions affecting secondary education today, pointing to possible lines of readjustment.

Sex Satisfaction and Happy Marriage.....160 pp.
by The Rev. Alfred Henry Tyrer Emerson Books. 1938

A frank and complete description of all aspects of marital relations written in a very sympathetic style. Simple yet authoritative material.

Shadow on the Land—Syphilis.....309 pp.
by Thomas Parran, M.D. Reynal & Hitchcock. 1937

Gives to the layman a sane but graphic story of the history and extent of syphilis in the United States, hopefully pointing the way to a decreased incidence through early recognition and treatment.

Studies in the Social Significance of Adult Education in the United States
American Association for Adult Education 1937 and 1938
These five are selected from the longer series now being published.

Educational Experiments in Social Settlements 145 pp.
by Gaynell Hawkins

Listen and Learn: Fifteen Years of Adult Education on the Air.....248 pp.
by Frank Ernest Hill

Parents in Perplexity.....143 pp.
by Jean Carter

Women in Two Worlds.....179 pp.
by Mary L. Ely and Eve Chappell

Why Forums?.....220 pp.
by Mary L. Ely

The Teacher and Society.....360 pp.
edited by William H. Kilpatrick
D. Appleton-Century Co. 1937

The first yearbook of the John Dewey Society. A symposium on the teacher in relation to society.

Training in Democracy: The New Schools of Czechoslovakia.....256 pp.
by Francis H. Stuerm Inor Publishing Co. 1938

An interesting and timely survey of the efforts of the Czechoslovak Republic to establish and maintain a program of progressive education to meet the needs of a democracy. Published under the auspices of the Progressive Education Association.

Twentieth Century Psychiatry: Its Contribution to Man's Knowledge of Himself.....198 pp.
by William A. White, M.D. W. W. Norton & Co. 1936

The Salmon Memorial lectures, presenting psychiatry as a specialized branch of medicine, stressing the social significance of psychiatry and the general implications of psychiatric thought. Of interest to both professional and lay readers.

Twins: A Study of Heredity and Environment....369 pp.
by Horatio H. Newman, Frank N. Freeman, Karl J. Holzinger University of Chicago Press. 1937

A scholarly study of the development of fraternal and identical twins, some of whom had been reared together and others who had been separated in infancy. The outstanding contribution in this field.

Two to Six—Suggestion for Parents and Teachers of Young Children.....177 pp.
by Rose H. Alschuler and Associates
William Morrow & Co., rev. ed. 1937

A concise handbook setting forth sound general principles of child care and training, and including concrete advice on toys, books, music, play materials, and excursions for the young child.

What Books for Children?.....363 pp.
by Josette Frank Doubleday, Doran and Co. 1937

A genuinely thoughtful and provocative approach to the subject of children's reading, very helpful for parents of children of all ages. Includes graded book lists prepared by the Children's Book Committee of the Child Study Association.

Youth and Sex—A Study of 1300 College Students.303 pp.
by Dorothy Dunbar Bromley and Florence Haxton Britten Harper Brothers. 1938

A statistical report, culled from personal interview and questionnaires on sex behavior and attitudes, indicating a gradual shift in the sex mores of the American undergraduate.

Youth in the Toils.....167 pp.
by Leonard V. Harrison and Pryor McNeill Grant
Macmillan Company. 1938

An authoritative and challenging study of the delinquency problem in New York made under the auspices of the Boys Bureau, stressing the need for crime prevention and rehabilitation.

APPRECIATION OF FAMILY AND CHILD LIFE IN LITERATURE

Childhood
by J. H. Dowd Charles Scribners Sons. 1936

Fables for Parents.....312 pp.
by Dorothy Canfield Fisher Harcourt Brace & Co. 1937

Katrina.....367 pp.
by Sally Salminen Farrar & Rinehart. 1937

The Yearling.....428 pp.
by Marjorie Rawlinson Charles Scribners Sons. 1938

Children's Books

A TRAVELER'S GLIMPSE

In a Letter from Mrs. Hugh Grant Straus

Müren, Switzerland
July 20, 1938

Dear J F:

I want to tell you of my experience in connection with children's books at the International Bureau of Education in Geneva. We were in that lovely city just one short week ago, and I am trying to focus my many impressions into a definite pattern in order to give you a picture of the fine work that is being done there.

First of all, the Bureau is housed in the "Palais Wilson," the shabby, high-ceilinged old hotel in which the League of Nations was first sheltered in those post-war days of hopeful effort. The educational books and the children's books are in the same room with the makeshift shelves on which rested the reference library for that august body.

Despite the present inactivity of the League, two of its subsidiary organizations are still thriving—the International Labor Organization and this International Bureau of Education. Under the auspices of the latter, teachers, educators and ministers of public instruction meet at intervals to discuss their problems and seek common ground for their educational goals.

As you know, the library of children's books was established in 1928 and the present collection dates chiefly from the years of 1930-32 when a special piece of research was done on books that tend to foster international understanding among children. It was largely at this time that the books were sent to Geneva by various countries, and were selected according to a prepared questionnaire.

Mlle. Blanche Weber and Miss Marie Butts were my gracious hosts and guided me among their shelves with many illuminating bits of personal comment and explanation.

Mlle. Weber dwelt on the differences in her sources —librarians, teaching groups and parents—and also the differences in the willingness of the various countries to cooperate in sending typical children's books to Geneva. For instance, the Russia of today, Italy, and the new Germany and Japan apparently are no longer interested in sharing with the world their approach to the reading of their youth. One could sense the nationalistic isolation of the great totalitarian states. We know full well that each of these states, indeed, is deeply concerned with its own next generation, yet one suspects that this concern is with their physical and emotional development rather than with literary culture.

Among the books selected by these nations for exhibition in the Geneva Library propaganda is not extremely patent. The volumes sent recently belong rather to the Boy Scout hand-book type; also there is much of old legends and tales of African adventure among both the Italian and German books. One realized that among the books received from Germany some years ago, a number must no doubt now be banished from their home shelves, since the authors themselves have been forced into exile.

I paused for some time before the German shelves and noted that only the luxury books were beautifully illustrated and well made but that these dated chiefly from ten years back. The "standard" books are there also in inexpensive editions, poor in the quality of their paper and printing. The newest literature is mostly in small paper-bound volumes.

I was interested, too, in a collection of magazines, made most recently, which included material for Hitler youth and their leaders and which covered a variety of subjects—adventures at sea, in the mountains and in military exploits. Much space is given to technical progress in science and invention. There was a special issue on the Austrian Anschluss dramatizing the close connection of the two countries through the traditions and literature of the past. I was surprised to see a pacifist journal, *Die Weise Feder,* which still seems to be printed and circulated in Germany, although the publisher is Dutch.

Italian books give the same general impression, although here my reading capacity limited my exploration. I was shown a rather modern book for the younger reader, quite dashing, on Italian navigators, the preface to which, signed "Mussolini," stated that if Italy had claimed all the lands her hardy sailors had discovered, she would now own half the world.

I was most eager to see the French shelves since I had spent some time in the bookstores and at the news stands both in Paris and in the provinces. Of course, Mickey Mouse and his frivolous confrères, which are found in abundance all through France, have not yet found their way to the bookshelves of Geneva, carefully supervised as they are by educators and librarians, although Walt Disney, with his Snow White, could be called the ambassador of good will among children. To them he speaks a universal language. As one would expect, the innumerable translations from the literature of other countries, which are so conspicuous in France, are largely absent from shelves which were selected to show only typical French books. Yet you will be interested in hearing that editions of Swiss Family Robinson, Robinson Crusoe, Don Quixote, Just So Stories, Baron Munchhausen, Heide, Robin Hood, and others share the honors in French bookstores with modern editions of Madame de Ségur and Hector Malot. Some of the newer and finer efforts in picture books for younger children have reached Geneva; most of these are published by Flammarion under the imprint of Père Castor. In these we have much of that fine, flat color work which makes ideal books for the nursery. Certainly France has many books, at every price, in every quality, for her young readers, drawn liberally from her own great authors and those of other countries.

I was also able to compare Geneva's shelves from Great Britain with my actual observations in that country. This time there was a far greater identity between the approach of the librarian and that of the book-dealer. The books for children are extremely numerous and amazingly inexpensive compared to American volumes of the same quality. Their "good" books, priced under our dollar's equivalent, are certainly far more numerous and better than ours. There is a fine international feeling in the titles.

You will recall that I was in Mexico last winter so I was eager to see that country's representation on the shelves in Geneva. To my disappointment there were six little books, sent many years ago, presenting, according to the questionnaire, folk tales and historical stories of that country—a great contrast to the news stalls as I recall them, with their predominance of "Funnies," of Mickey and Minnie Mouse and their gay associates. For older children, the Mexican book stalls were stocked with adventure stories galore, lurid romance, detective stories—all badly printed on incredibly poor paper. I also recall that, in one of the better bookstores in Mexico City, I found a fair cross-section of International "classics"

(*Continued on page 32*)

Shop Talk

ACROSS the continent in sixty seconds flat. It's not Corrigan's latest, but the accomplishment of any two-year-old on his kiddy car —provided that his nursery boasts one of the new *Map Rugs* made by the makers of Armstrong's Linoleum. These six-by-nine floorings show a map of the United States that suggests many interesting and worthwhile indoor activities. Fun for the little ones because the border is a pictorial history of transportation in terms of covered wagons, boats, trains, airplanes and the rest. Grand for older brothers and sisters who are engaged on a geography project since the characteristic industries of every state in the Union are shown in vignette drawings, as well as the principal cities, capitals and main highways. This delightfully decorative and useful linoleum rug (with felt base) is on sale at stores throughout the country and costs about four dollars.

Many of the more up-to-date nurseries contain one or more *Gro-Chairs* this winter. This chair, as its name implies, "grows with the child." Making one chair comfortable and correct for a child all the way up to six years of age is just a matter of shifting the position of a few bolts. The relatively low price of $3.95 makes it possible for every child in the family to have his own comfortable chair.

Miller frocks are well designed, well cut, and daintily made. The growing popularity of these dresses is another depression success story. A mother who had always made her children's clothes at home branched out into doing the same thing for her friends and did it so well that now she has a growing business. Miller frocks are sold only by agents. They run in price from under two dollars upward depending on the size, material, and design. A card to Miller Frocks, 137 Roosevelt Drive, Springfield, Ohio, will bring an agent to your house within a few days.

This message from the principal of one of the important metropolitan play schools should interest parents of children starting in at nursery school.

"Simple clothing which can be taken off and put on easily is best. Children can be kept more comfortable if dressed in cotton suits and dresses, adding a woolen sweater when necessary. A one-piece snowsuit for outdoor play is recommended. For in-between seasons, corduroy overalls and sweaters are best. Coats are cumbersome and dangerous for active play and leather garments do not allow sufficient ventilation."

DEIRDRÉ CARR.

In the Magazines

Teen-Age Love Problems. By Sidonie M. Gruenberg. True Story Magazine, September, 1938.

Tragedies, such as the Carroll-Matthiesen case, occur among abnormal adolescents; however, there are thousands of normal young people who never make the headlines but who are baffled and in need of help. Sex education, the teaching of marital ideals and parental comradeship, as suggested in an article by Dr. Charles Francis Potter, are not enough. We must teach ideals not by words but by the manner in which we live with our young people. And we must find real and satisfying outlets for our adolescents. They need a chance to grow up and function as responsible people, not merely protection or freedom.

Problem Child. By Anna W. M. Wolf. Ladies' Home Journal, August, 1938.

Photographic presentation of everyday problems: teasing, fighting, night terrors, marking the walls, playing with matches, refusing food. Brief comments suggest the underlying causes of such behavior and some helpful ways for parents to meet these problems.

Discipline. By Fritz Redl. The New Era in Home and School, July-August, 1938.

Contrasts educational and militaristic discipline. Suggests that the storing up of aggressive impulses results from militaristic discipline—a useful procedure in army life but a dangerous one in education. Educational discipline must maintain group order and at the same time provide for the emotional adjustment of the individual. Where order cannot be maintained except by militaristic methods something is wrong with the fundamental structure of the school.

What Is Home For? By James Lee Ellenwood. Parents' Magazine, October, 1938.

The one significant test of your home is your answer to the question, "What does my home do to the people in it?" A good home provides comfort and protection and place in which to learn to live well. It should be so managed that it also provides a place where people can have a good time.

HEALTH MANAGEMENT

(*Continued from page 4*)

in our country have had parents who were uncertain and overanxious about child training and child health. At the same time it is legitimate for us to find comfort in the certain knowledge that times are changing and that understanding of the basic needs of childhood is increasing. Few parents really reject their children or are indifferent to their welfare, and such parents are themselves the victims of their own pasts and earlier experiences. The rest of us are capable of trying to look at ourselves fairly honestly and of changing attitudes which need changing. It may be helpful for us to remember that we are all parents who, because we got our education in the first flush of the "scientific" approach, have tended to be overconcerned about our children's diet, elimination, sleep, warmth, and perpetual cleanliness. Because habit is strong we are almost inevitably still insisting on certain routines and certain practices "for the sake of health" when we really mean "this is more convenient," "it looks better this way," or "I feel safer when I control everything." Obviously it is easier to change the expression of an attitude than the attitude itself. The chances are that if we have been anxious parents—and which of us has not—we haven't jumped out of our skins and become suddenly very different. For these reasons it is the part of wisdom and common courtesy for all of us to take stock of ourselves and try to find out how many things we insist on which are not essential to health, and even inappropriate to children as they grow older. To be quite specific, how much of our concern over hand washing, daily bathing, early bed time, bathrobes and sweaters is dictated by actual health needs and how much by our own need to dominate and control?

It is not merely an accident that the healthiest and most vital children today are the ones whose mothers are both too busy to give them overclose supervision, and too wise or too poor to pay someone else to do it for them. Freedom to do, to be oneself, to explore, to discover is just as vital to health and growth in each year of life as vitamins, calcium, sleep, and reasonable cleanliness. Freedom to learn by experience and to come to terms with life is even more essential than regular elimination and dry feet. In fact, the unhappiness and general family discomfort which follow nagging and constant worrying are infinitely harder on health than temporary loss of sleep or an occasional departure from the approved diet.

The kind of emotional freedom just mentioned as essential to health and happiness does not involve less responsibility for parents or children, but considerably more. Teaching a child what to do when he gets wet or cold, how and why to eat a balanced diet of protective foods, how to care for minor injuries himself, how to recognize and accept signs of fatigue, is much more difficult than assuming complete responsibility for his schedule and continuing to dominate his life by perpetual supervision long after the need and the right have departed. Harder, yes, but so much more satisfying and rewarding. There will be far fewer unhappy and uncertain children when we, who are now parents, learn that the balance which is health is largely a matter of controlling our own fears and anxieties and doing some rather important growing up on our own account. We have what no other generation of parents has had: the resources of modern science and medicine to help us safeguard our children and to bring them to competent maturity. But unless we assume healthy and intelligent responsibility for our own attitudes and work out sensible management of health in our individual homes, science and medicine can be of little help. The responsibility for health and happiness is still the privilege of the home.

PSYCHOLOGICAL FACTORS

(*Continued from page 6*)

Children, like adults, may develop an illness due to an emotional conflict. These are hysterical conditions and are popularly labeled "attention-getting" or "escape-devices." If a child vomits several mornings before going to school, his father may say it is "to get out of going to school." His mother may insist that it is "to get my attention." Both parents may be correct—but escape and attention are merely secondary gains and are not the primary causes of the hysterical vomiting. The child himself probably does not know the true reason since it is an unconscious conflict. Through psychoanalytic treatment the absolute cause can be ascertained. Usually the psychological factor involved is the child's anxiety or insecurity. This is illustrated in the case of fifteen-year-old Mary. Trying to measure up to her parents' expectations of high scholastic attainments, Mary developed a mild diarrhea whenever an algebra test was announced in class. Since there was no organic basis for the disorder, her parents sought the advice of a physician and, through psychotherapy, a favor-

able adjustment was made. The hysterical symptom promptly disappeared. Recently, Mary, who is now in college, wrote to her parents, "I'm not so petrified by math exams anymore and it's a blessing, I no longer get diarrhea." The *primary* cause of the disorder had been her anxiety lest she displease her parents. Avoidance of the examination (escape) was only the secondary gain.

Illness Which Makes One "Different"

Most children prefer not to be different from their friends. The average child's social security and happiness lie in doing and being like the "gang." He wants to wear the same type of clothing and have the same sports equipment. If his attacks of illness are frequent or severe, he probably resents them as setting him apart, or he may be slightly proud of them. But if he is well adjusted, his emotional reaction will not be unduly strong or lengthy. The child, however, who is more neurotic will go to extremes, depending to a great extent on his parents' attitude. For example: The mother of eleven-year-old Helene follows the same procedure each time her daughter is sick. As Helene describes it, "Mother right away 'phones her friends and says, 'I can't look my husband in the face. Helene's sick again.' Gosh —she makes it sound like a disgrace." Helene is not aware of the complex factors involved in her mother's attitude—anger, self-condemnation, self-pity, oversolicitude—but the child is always reluctant to return to school after an illness because, as she says, "The teacher and kids ask why I was absent and I'm ashamed to tell them I was sick again."

There are, then, numerous implications with which a child may endow illness, though only the more common ones have been mentioned. The individual's own experiences and the behavior of those in his environment cause these concepts to develop gradually until they become well-defined in adult life. The parents' attitudes toward health, which have slowly evolved since their own childhood, have a marked effect upon the course of their children's illnesses. If these attitudes are relatively "normal," illness is not only made a less disagreeable experience for the entire family but the child's recovery is actually hastened.

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One of the unpleasant recollections of our childhood is a dictatorial nurse. This employment bureau is constantly searching for the ideal nurse—one who likes to be with children, is happy playing with and working for them. She must not be so theoretical that she is pedantic or so exacting in details that she makes life miserable for the family. She must be simple yet intelligent. She must have certain standards and yet develop the child's independence. She need not be an expensive luxury. If you want this kind of nurse for your child, why not advise with

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CHILDREN'S BOOKS

(*Continued from page 28*)

in Spanish, in cheap, not very alluring editions—fairy tales, and again Robinson Crusoe, Treasure Island, Heidi, and many others. At the time I was interested to note that only their school books were published in Mexico, while the recreational books were printed in Spain, France, Germany, and Japan.

I want to add to my general impressions of the Geneva Bureau that the Scandinavian countries, plus Holland, have well-stocked shelves of sturdy, well-made books, ranging from the finest editions to those of simpler format; that the Central European shelves show an effort to provide literature which has folklore and native arts at its core; that Palestine has sent its new school books in Hebrew—inexpensive little volumes with pleasant line-drawings.

China has a representation of small, paper-covered books which are truly exquisite, with well-balanced margins and quaint characters facing delicate line-drawings containing all the charm and dignity of Chinese classic art. The books sent more recently are less fine, have a cheaper air, but we hope were at least more entertaining for the young reader; Japan had sent very few books and these are their good old standards. Nothing has been sent to show the trends of the past ten years.

I must confess that all I write you has been built up on fairly haphazard observation and in no case was I able to do a thorough-going study. On the other hand, I did have a feeling, while among those shelves, that some of these straws in my notebook may point the way the wind is blowing in the field of children's books the world over.

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